



The Ontario Withdrawal Management Standards

2008

Standards Committee Members:

Barb Deschamps
Manitoulin Health Centre
Project Consultant

Janis Cramp
Project Coordinator

Robin Cuff
Woman's Own, Toronto Western Hospital

Michael Dean
St. Joseph's Health Centre, Toronto

Margy Hay
Addictions Services of York Region

Carole Lambkin
The Salvation Army – Centre of Hope

Jack Vandenberg
Addiction Services – Royal Victoria Hospital of Barrie

Muriel Walsh
London Intercommunity Health Centre / Turning Point Inc.

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EXECUTIVE SUMMARY

Withdrawal Management Services in the Province of Ontario are designated as Provincial Services. In our very mobile society it is not uncommon for our clients to be from other districts, regions or parts of the province and these clients are provided services within the resource capability of funded agencies.

The Ontario Withdrawal Management Standards set out minimum standards of professional and clinical practice to guide the operation of Withdrawal Management Services in the Province of Ontario. The standards are clearly defined for each category of Service delivery.

The authors of this document recognized that, for some agencies, meeting the Standards may be difficult to attain because of budgetary challenges. None-the-less, we proceeded with the standards as a goal towards quality of care and not as a reflection of the lowest common denominator.

The original Standards were published in 1997 after a two-year development period and addressed Residential Withdrawal Management Services. The first review and revision was published in 2001 and for the first time addressed the Community Withdrawal Management Service category that had been developed by the Ministry of Health and Long-Term Care (MOHLTC). This was followed by a second review and revision published in 2004 and included all of the prior content, incorporating revisions. For the first time the Medication Guidelines and Protocols based on former guidelines from the MOHLTC were addressed as a specific Standard rather than an appendix to the Standards. Methadone Maintenance was also addressed for the first time in the 2004 Standards.

The MOHLTC funded the current review and revisions to the Standards and to the Service Definitions, relevant to withdrawal management, as a special project. There have been significant changes to the definitions to describe all categories of non-residential withdrawal management that have developed through innovations in the field. The Community Withdrawal Management Service (CWMS) definition, as developed by the MOHLTC has long been accepted as a Service Definition. In consultation with the MOHLTC, the Standards Working Group has maintained this definition as developed; however, two new categories to describe the service activities currently taking place have been developed. The first is Day Withdrawal Management Service (DWMS) and has been well established in other jurisdictions. The second new category is Telephone Supported Withdrawal Management Service (TSWMS) and is an emerging innovation in providing care when barriers to other categories of withdrawal management exist.

The Ontario Withdrawal Management Standards, as in the past, include standards in administration, program, client care, education and physical structure. These standards utilize the revised Withdrawal Management Service Definitions for non-residential services. Significant research into Best Practices developed by Health Canada, by other provinces and by international organizations was utilized in the development of the Standards. The Canadian Council on Health Services Accreditation (CCHSA) Program Standards, Mental Health Services, 2008 was utilized as a significant reference. A very large number of the agencies providing withdrawal management services and all of the Residential agencies are sponsored by hospitals and these Standards are used to measure Mental Health and Addiction programs in hospital accreditation processes. Feedback was sought, throughout the process, from all agencies that deliver withdrawal management services in the province.

The Standards Working Group also held consultations with other key stakeholders of the Health Care continuum. These included representatives from the Local Health Integrated Networks (LHIN's), MOHLTC, Drug and Alcohol Treatment Information System (DATIS), and CONNEX ONTARIO.

To facilitate ease of use, the manual is divided into four service delivery sections. These sections include one for each category of withdrawal management as outlined in the revised Service Definitions for the withdrawal management sector. The four sections are Residential Withdrawal Management Services, Community Withdrawal Management Services, Day Withdrawal Management Services and Telephone Supported Withdrawal Management Services. This will make it easy for users to go to the Standard section or sections applicable to the type of service or services they provide.

This edition of the Ontario Withdrawal Management Standards reflects the ongoing nature of addressing the ever-increasing complexity of client care during withdrawal, the provision of exemplary care and the evolution of Withdrawal Management Services to include innovations and emerging trends and needs. These same issues inform the need to continually review and revise standards on an ongoing basis. In addition, it addresses the evolution of innovations in the categories of non-residential withdrawal management and identifies Service Definitions that defines the activities undertaken in delivery of care.

The working group of the Withdrawal Management Project appreciates the input from all colleagues who participated in the revision of these standards. It is the hope of the working group that the application of these standards will inform the development or redevelopment of your service policies and procedures and facilitate your ability to deliver consistent exemplary care throughout the province.

Committee Members



FOREWORD

Using the Manual

In prior editions of the Standards, the Residential Standards were written with Community WMS references incorporated, in italics, within the body of the Standards. As a result of innovations since the last review and revisions, particularly in the non-residential based withdrawal management services, two new withdrawal management service categories were added and a significant change in format was required.

It very quickly became apparent to the Standards Working Group that some Standards could be written to meet the needs of all categories of WMS, while others needed to have Standards written to directly address the needs of a specific category or varying groupings of categories. For this reason the manual is set up such that, rather than having to read through information not relevant to your service, the user can, go directly to the Standards relevant to the services they are providing.

The manual therefore is set up in Sections as follows:

- Section I – Standards for Residential Withdrawal Management Services
- Section II – Standards for Community Withdrawal Management Services
- Section III – Standards for Day Withdrawal Management Services
- Section IV – Standards for Telephone Supported Withdrawal Management Services

It is felt that by adopting the new format this manual will be far more user friendly than maintaining it as an integrated document with several sub sections for each Standard. Therefore, you need only reference the section/sections that is/are relevant to the category/categories of service that you deliver in your agency.

Ongoing Review and Revisions

Standards are always a work in progress, “a living document”, requiring regular review and revision as system methods and mandate evolve and as new trends emerge. In the past, a review has taken place every 3 years with revised standards being available every four years. The current pace at which the system is experiencing change may require this to happen sooner than past practice. It would be helpful, therefore, to track recommendations and new issues for inclusion as they arise.

It is proposed, therefore, that issues you identify for inclusion and/or revision in the next review be submitted to the Addictions Ontario (AO) office so that a record of your recommendations is kept for the next review. The AO e-mail address is info@addictionsontario.ca.

Committee Members

ACKNOWLEDGEMENTS

The Ontario Withdrawal Management Standards are based on the original and subsequent versions of the standards. The standards working group would like to thank all prior committee members, in particular the formation committee of the 1997 Ontario Detox Directors Association Standards that included Berit Dullerud, Bruce Taylor, Ted Ryan, Barbara Deschamps and Yolande Bobbie who devoted many personal hours to the early development process. Without the dedication and commitment of these individuals the withdrawal management sector would not have comprehensive, integrated, evidenced-based province wide standards to address withdrawal management issues. This working group is further appreciative of the hospitals that supported the time and involvement of all past and current committee members.

We would also like to acknowledge the recommendations and contributions made by Dr. Mel Kahan, St. Joseph's Health Centre, Toronto, Substance Use Medical Services, Dr. David Marsh, Physician Leader, Addiction Medicine, Vancouver Coastal Health (formerly of CAMH) and Nadine Smith RN, Nurse Clinician, St. Joseph's Health Centre, Toronto.

The working group wishes to recognize and express their appreciation for the significant financial contribution and ongoing support provided by The Ministry of Health and Long-Term Care. This provided the opportunity to undertake the major revisions required to develop and incorporate standards for new categories of withdrawal management services developed for this edition of the Standards.

The working group is appreciative of the contribution and support of Addictions Ontario towards the production of these standards. The working group further wishes to acknowledge and express our appreciation to those of our colleagues who actively took an interest in reviewing the drafts and providing feedback. Your input was of great value to us in determining the final revision.

Committee Members

RESOURCES

- A Review of the Withdrawal Management System in Ontario, Final Report, July 2005
- Alberta Harm Reduction in Drug Use Initiative, NPNU Initiative, 2007
Canadian Liver Foundation
- Best Practices, Concurrent Mental Health and Substance Use Disorders, Health Canada, September 2001
- Best Practices in Action, Guidelines and Criteria for Women's Substance Abuse Treatment Services, 2005
- Best Practices, Methadone Maintenance Treatment, Health Canada, 2002
- Best Practices, Treatment and Rehabilitation for Seniors with Substance Use Problems, Health Canada, 2002
- Bill 22 – an Act to promote patients rights. Private Member's Bill, 1st Reading, December 2003
- Canadian Council Health Services Accreditation Program, Standards, Mental Health, 2008
- Child and Family Services Act, March 2003
- Codes of Ethics, Social Work
- Concurrent Disorders and Withdrawal Management, Protocols/Guidelines and Services, Government of Saskatchewan, 2007
- Core Competencies for Canada's Substance Abuse Field, version 1.0. Final Report, Canadian Centre on Substance Abuse, 2007
- Detoxification and Substance Abuse Treatment, A Treatment Improvement Protocol, TIP 45
- Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, DSM-IV-TR
- Excerpts from "Best Practices: Alcohol and other substances use withdrawal", Older Adults and Alcohol; 2004, Information Sheet #7

- Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation – A Handbook for Health Care Providers, CAMH/Motherisk, 2007
- Final Report on the Community Based Withdrawal Services Strategy, The Desk, 2007
- Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses, Centre for Addiction and Mental Health, 2002
- New South Wales Detoxification Clinical Practice Guidelines, 1999
- Operating Manual for Mental Health Services and Addiction Treatment Services (Substance Abuse and Problem Gambling) funded by the Ministry of Health and Long-Term Care, December 2003
- Personal Health Information Protection Act, 2004
- Provincial Diversity Needs Assessment Report, CAMH, March 2004
- Reducing the Harm Associated with Injection Drug Use in Canada, September 2001
- Standards and Guidelines for Methadone Maintenance Treatment in Alberta, College of Physicians and Surgeons of Alberta, December 2005
- Substance Abuse Treatment: What Works for Homeless People? National Health Care for the Homeless Council, A Review of the Literature by Suzanne Zerger, June 2002
- The Ontario Human Rights Code – Revised Statutes of Ontario, 1990, Chapter H.9
- Working with People who use Drugs: A Harm Reduction Approach, NPNU Initiative, 2007 Canadian Liver Foundation

It should be noted that an extensive literature review was undertaken and the documents were reviewed for relevancy to be used as resources for this project. In addition, many resources used in the writing of earlier versions, although not directly utilized for this version, contributed to the development of these Standards.



SECTION I – RESIDENTIAL WITHDRAWAL MANAGEMENT SERVICES

The Ontario Withdrawal Management Standards 2008

ADMINISTRATIVE STANDARDS

GOVERNING BODY

STANDARD AREA I

Governance

Residential WMS

- 1.0 It is understood that there will be a clearly defined governing body as defined by a service agreement¹ between the Local Health Integrated Network (LHIN) / Ministry of Health and Long-Term Care (MOHLTC) and the sponsoring hospital/agency.**

¹ Service agreement may be identified by another name depending on the language determined by the LHIN's. (e.g. accountability agreement)

ADMINISTRATIVE STANDARDS

ADVISORY COMMITTEE

STANDARD AREA I

Organization and Direction

Residential WMS

The Advisory Committee² provides advice to the management of the Service, the sponsoring hospital/agency and its Board of Directors, or other governing body. It's purpose is to: advise on policies/directions for mental health and/or addiction services, represent the interests of clients and families, develop and maintain effective communication with the community, promote partnerships, community awareness and understanding of addiction and/or mental health issues.

- 1.0 The Service has an Advisory Committee. In some communities Withdrawal Management Services may be part of joint Advisory Committees.**
- 2.0 The role, function and structure of the Advisory Committee are clearly defined in a written statement consistent with the directives of the LHIN/MOHLTC.**
- 3.0 The membership of the Advisory Committee is a balanced representation of the community served.**
 - 3.1 Members are chosen for:
 - their expertise in addiction and mental health services
 - their links with other relevant community services
 - their ability to represent the interests of clients and their families and the community
 - any other expertise required to advise on addiction and mental health services
 - 3.2 The membership will also include:
 - families
 - consumers
 - and the public at large
 - 3.3 A list of members specifying their affiliations, dates of appointment, and length of tenure will be readily available to interested parties.

²Depending on the structure of the Service this could refer to Advisory Committee and/or Board.

- 4.0 Orientation for new Advisory Committee members is documented.**
- 5.0 The frequency of the Advisory Committee meetings is consistent with the directives of the LHIN/MOHLTC.**
- 6.0 The Advisory Committee is organized to function effectively.**
- 6.1 This is achieved by:
- having terms of reference with clearly defined goals and objectives
 - recording of minutes that reflect the deliberations of the committee and signed by the Chairperson
 - meeting at regularly stated intervals
 - determining criteria for content and frequency of reports from the Service
- 7.0 There are mechanisms in place for the recruitment, appointment, election, tenure, re-appointment, re-election and retirement of members of the Advisory Committee.**

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA I

Statement of Collaboration

Residential WMS

- 1.0 The Service has evidence of collaboration with the LHIN/MOHLTC through submission of an annual operating plan³.**

³ Operating plan may be identified by another name depending on the language determined by the LHIN's.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA II

Service Agreement

Residential WMS

Funding Agreement

- 1.0 A Service Agreement is established between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.**
- 2.0 The Service Agreement is reviewed annually and revisions are made, as necessary and a copy is retained in the Service.**

Partnership Agreements

- 1.0 Additional formal service agreements may be established between the Service and community partners.**
 - 1.1 The service agreements will be clearly defined in a written statement.
 - 1.2 The service agreements will be reviewed annually or as defined in the agreement and revisions will be made, as necessary.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA III

Mandate, Philosophy and Vision

Residential WMS

1.0 Management is responsible for the development of clearly articulated Philosophy, Vision and Mandate statements.

1.1 The mandate is defined by the LHIN/MOHLTC in the Service Agreement.

1.2 Management is responsible for clarifying any discrepancies with the Philosophy, Vision and Mandate statements between the sponsoring hospital, partner agencies and the service provider/agency.

2.0 Management is responsible for review and revisions of these statements.

3.0 Management is responsible for ensuring that the above statements are made available, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IV

Mission, Goals and Objectives

Residential WMS

- 1.0 Management is responsible to ensure that there is a current and relevant Mission Statement which is:**
- reviewed annually and revised, as necessary
 - available to all Service staff and clients
 - in alignment with the mission of the sponsoring hospital/agency
- 2.0 Management is responsible for the development of a set of identified program goals.**
- 2.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified program goals.
- 3.0 Management is responsible for the development of a set of identified client goals.**
- 3.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified client goals.
- 4.0 Management is responsible for the development of administrative goals on an annual basis.**
- 4.1 Management is responsible for service objectives that are clear, measurable and have appropriate time lines to meet the established administrative goals.
- 5.0 Management is responsible for the development of an evaluative tool (e.g., a Logic Model).**

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA V

Organization and Direction

Residential WMS

Management, in collaboration with the sponsoring hospital/agency, ensures efficient and effective delivery of services.

1.0 There is an organizational structure in place to support the efficient and effective management of the Service.

- 1.1 There is an organizational chart which:
- provides a clear representation of the structure and reporting relationships of the Service
 - is available to all staff
 - is available to interested parties

1.2 The organizational chart is revised, as required.

2.0 There are clearly defined principle functions of management to ensure appropriate delivery of services through planning, development, implementation and evaluation, as well as research when opportunities arise.

- 2.1 Management functions include:
- Human Resources
 - Program Development
 - Financial Management
 - Facilities Management
 - Public Relations and Communications

2.2 Statement of Principle Functions is revised on an as needed basis.

3.0 There is evidence that the principle functions of management are implemented within the Service.

- 3.1 Evidence of implementation may include:
- mechanisms for developing and enhancing positive staff morale and labour relations
 - effective mechanisms for staff feedback and involvement
 - client surveys

- efficient and effective utilization of resources
- management outcome reports
- program evaluations
- mechanisms to measure outcomes which demonstrate improvements to service provision
- formal information links with relevant community agencies
- team approaches to client management
- incident reports

4.0 Management establishes criteria and mechanisms for program development within the Service.

4.1 Criteria for service development includes:

- consistency with the mission of the organization
- consistency with the strategic plan of the organization
- a clear, concise definition of what is proposed
- justification for the proposal
- resources required
- effect on existing program and support services
- effect on existing health care services and programs within the community
- other regional planning activities
- financial and human resources
- consultation with the Addiction and Mental Health Committees of the LHIN's, Advisory Committee and/or other local planning bodies

5.0 Management ensures the responsible use of resources when implementing new or expanded programs.

5.1 Management ensures that the development of new programs includes:

- consultation with the local addiction and mental health planning bodies
- assessment of the impact on internal and/or community programs/services
- determination that resources are available

6.0 Management will maintain effective communication and problem solving mechanisms between the Service and relevant partners of the sponsoring hospital/agency, consumers, Advisory Committee and other stakeholders.

6.1 Mechanisms to facilitate communication and problem solving may include:

- consumer surveys
- regular staff meetings
- meetings with and defined reporting relationships between management and Senior Management team of the sponsoring hospital/agency and the Advisory Committee
- newsletters
- memos outlining changes in process
- web-site development
- meetings with local community Addiction and Mental Health partners on a regular basis, as established in their terms of reference
- meetings with other community partners on an as needed basis

7.0 Management ensures there are mechanisms to communicate the Service's mission, philosophy, standards and policy/procedures to staff, clients and the community it serves.

7.1 Mechanisms may include:

- mission and philosophy statements that are readily available for viewing
- client guidelines/handbooks
- staff/volunteer orientation and ongoing development processes
- distribution of annual report
- meeting/presentations with community groups
- presentations to educational institutions
- use of media
- information brochures that are widely distributed
- orientation tours as appropriate
- web-site development

8.0 There are mechanisms in place to evaluate the performance of management staff.

8.1 Mechanisms will include:

- performance appraisals
- operational reviews
- program review

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA VI

Regulations, Agreements, Policies and Procedures

Residential WMS

Management ensures service compliance with laws, regulations and agreements. Management implements the policies and procedures of the sponsoring hospital/agency. Management develops, revises and implements policies and procedures for the effective operation of the Service.

- 1.0 Management ensures all reasonable steps are taken to provide for service compliance with applicable federal, provincial and municipal laws/by-laws and regulations.**
- 1.1 Management receives, reviews and acts upon reports on compliance with federal, provincial and municipal by-laws and regulations including those related to:
- quality management
 - professional standards
 - risk management (e.g., fire codes, occupational health and safety requirements, informed consent, public health codes, coroner's recommendations, Ministry of Labour)
 - utilization review
 - client rights
 - child protection
 - protection of personal health information
 - access to service as per LHIN/MOHLTC directives
- 2.0 Management ensures that affiliation agreements between educational institutions and sponsoring hospital/agency are current.**
- 2.1 In the development of the agreement within the Service, management will collaborate with teaching staff and student placement officers regarding appropriate terms of the agreement.
- 2.2 Management regularly negotiates the appropriate placement of students to be accepted in the Service.

3.0 Legal authority for contracts or agreements is determined between the sponsoring hospital/agency and management of the Service.

3.1 The sponsoring hospital/agency has the right to determine the terms and conditions of written agreements/contracts.

4.0 Management ensures that the relevant policies and procedures of the sponsoring hospital/agency are implemented.

4.1 The relevant policies and procedures of the sponsoring hospital/agency are available to and reviewed annually by all staff and evidence of compliance is documented upon completion.

4.2 New and revised policies and procedures of the sponsoring hospital/agency are reviewed by all staff and evidence of compliance is documented upon completion.

5.0 Management is responsible for the development and implementation of operational policies and procedures for the Service.

5.1 The Service's operational policies are in alignment with those of the sponsoring hospital/agency or the by-laws of the governing body and are specific to the Service.

5.2 The administrative or management policies and procedures of the sponsoring hospital/agency supercede the policies and procedures of the Service unless otherwise indicated.

5.3 The operational policies will include, at a minimum, the policies as listed in the Program Standards, Standard Area VI – Program Manual.

5.4 Management reviews policies annually and makes revisions and/or additions as the need arises. Staff/volunteer participation will be sought and encouraged.

5.5 Staff/volunteers review policies and procedures annually and evidence of compliance will be documented upon completion.

5.6 New and revised service policies and procedures are reviewed by all staff and incorporated into the Policy and Procedure Manual of the Service and evidence of compliance will be documented upon completion.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA VII

Partnerships and Linkages

Residential WMS

Management ensures the development of appropriate partnerships and linkages with community agencies and other service providers.

- 1.0 Management of Withdrawal Management Services are expected to develop partnerships with as many services as necessary, to ensure the most comprehensive and seamless treatment experience possible for clients.**

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA VIII

Financial Management

Residential WMS

Management ensures the efficient and effective use of the financial resources of the Service.

1.0 Management prepares the annual operating budget/plan in collaboration with the sponsoring hospital/agency, Advisory Committee and in accordance with the requirements of the LHIN/MOHLTC.

- 1.1 In preparing the budget, consideration is given to:
- resources of the Service (e.g., equipment, volunteers, physical space)
 - the mission, goals and objectives
 - the operating plan
 - the operating budget
 - Management Information System (MIS)

2.0 Management implements and monitors the annual operating budget.

- 2.1 Mechanisms for monitoring the budget include:
- regular analysis of statements and reports
 - consultations with the appropriate financial officer in the sponsoring hospital/agency to forecast surplus or deficit situations on a schedule mutually determined

3.0 An annual audit of the financial operations is performed in accordance with the requirements of the LHIN/MOHLTC or any other funding body.

4.0 Management implements the recommendations made in the financial audit/report as instructed by the sponsoring hospital/agency.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IX

Human Resources Management

Residential WMS

The Service has competent, ethical and qualified staff to provide the services essential to the achievement of its mission, goals and objectives.

1.0 Staffing patterns are set according to the level of staffing negotiated with the LHIN/MOHLTC, the needs of the individual Service and available resources.

1.1 All Withdrawal Management Centres, regardless of size, will have a minimum of two front-line clinical staff on duty at all times and an additional 1.0 FTE should be considered to cover peak service hours. In addition, there will be a minimum of 1.5 management, a .5 FTE clerical, a .5 FTE cook and a .5 FTE janitorial staff dedicated specifically to the Service.

1.2 In co-ed facilities there will be a minimum of one male and one female staff on duty at all times to address gender-specific needs.

2.0 The policies and procedures established by the sponsoring hospital/agency for recruitment, hiring and retention of staff are followed by the management of the Service.

3.0 The policies and procedures established by the sponsoring hospital/agency to ensure verification of the credentials of staff, volunteers and consultants are followed by the management of the Service.

4.0 Position descriptions for all job classifications are in alignment with those of the sponsoring hospital/agency.

4.1 The position descriptions are revised as necessary, reviewed annually and dated accordingly.

5.0 There are position descriptions for all staff employed under a purchase of service agreement from the sponsoring hospital/agency.

5.1 The position descriptions are written by the department from which the service is purchased.

5.2 A copy of these position descriptions is readily available to all relevant personnel.

6.0 The sponsoring hospital/agency is responsible for current human resource policies and procedures.

6.1 Management ensures the implementation of these policies and procedures.

7.0 All staff/volunteers receive a written evaluation of his/her performance at the completion of the probationary period, annually thereafter or as defined by the sponsoring hospital/agency.

7.1 The Service will meet the criteria for the evaluation as directed by the sponsoring hospital/agency.

7.2 The Service will follow the mechanisms for evaluation of staff as directed by the sponsoring hospital/agency. Mechanisms may include:

- self-appraisals
- peer reviews
- performance appraisals
- review of goals between appraisals
- informal feedback
- formal documentation
- staff education and learning plan

7.3 The evaluation is reviewed, signed and maintained according to the practice of the sponsoring hospital/agency.

7.4 There is provision for the staff/volunteer member to receive a copy of the evaluation.

8.0 There is an orientation of the Service to management, staff, students, Advisory Committee members and volunteers.

8.1 The Orientation includes:

- mission and purpose of the Service
- goals and objectives
- standards of practice
- operational policies and procedures
- services provided
- clients' rights and responsibilities
- structure of the Service

- performance expectations
- relevant legislation
- Occupational Health and Safety requirements
- Employee Assistance Program
- Quality Management Program
- utilization review activities
- risk management activities
- funding agency
- relationship with the community
- any other areas as identified by the sponsoring hospital/agency

8.2 The orientation is completed in a timely manner.

8.3 The orientation to the Service will be documented upon completion.

9.0 There is a professional development program in place for management and staff.

9.1 Professional development provides the knowledge and skills required to assist management and staff in attaining and maintaining competency in their current positions as demands of these roles evolve.

9.2 The professional development plan assists management and staff in pursuing professional interests related to their scope of practice and in preparing for current and future changes in practice, in accordance with the mission and mandate of the Service.

9.3 The professional development/education plan addresses current policies and procedures, as well as needs identified through:

- staff needs assessments
- client surveys
- performance evaluations
- quality management activities
- utilization review activities
- occupational health and safety activities
- risk management activities
- technological change
- new directions within the disciplines/Service
- current and emerging trends
- meetings or seminars relevant to service functions
- opportunities to assist in identifying educational needs
- opportunities to review relevant literature
- self-directed learning
- best practices

- evidence-based guidelines
- research

9.4 Participation in professional development/education activities will be documented upon completion.

10.0 There is an ongoing training and development program for volunteers relevant to their duties and responsibilities.

11.0 Management, staff and volunteers evaluate the orientation and ongoing professional development/continuing education program.

11.1 Mechanisms for evaluation may include:

- participant feedback (e.g., questionnaires/surveys)
- performance assessments

12.0 There are written goals and objectives for all volunteers and students who are on placement in the Service.

12.1 The goals:

- support and contribute to the goals of the Service
- are established prior to the volunteer/student participating in any activities within the Service

12.2 The objectives:

- are specific steps taken to achieve the identified goals
- are realistic and measurable
- include action plans that are reviewed with key stakeholders responsible for the placement
- are monitored to determine if they are being achieved

13.0 Management promotes a positive work environment and the well being of staff and volunteers.

13.1 There is a process to assign staff and volunteers to client and other responsibilities in a fair and equitable manner.

13.2 Staff and volunteers have the opportunity to provide input on their work and job design.

13.3 Staff and volunteers have access to position descriptions.

13.4 Staff and volunteers know their roles and responsibilities.

- 13.5 Staff and volunteers are respected and recognized by management for their contributions.
- 13.6 Management is responsible for providing a safe environment for staff and volunteers.
- 13.7 Staff and volunteers have access to supports to cope with stressors and other issues.
- 13.8 Management regularly evaluates the effectiveness of staffing and makes changes as appropriate.

14.0 Management promotes and supports an environment that fosters a positive culture among staff and volunteers.

- 14.1 Management will encourage development of team goals, innovation and autonomy.
- 14.2 Management will support and empower staff and volunteers to achieve team goals and objectives.

15.0 There is support for student placements in the Service.

- 15.1 There is an opportunity for placement of students from addiction, mental health and other relevant educational programs within the Service.
- 15.2 A mechanism to provide supervision, support and evaluation for students on placements is in place.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA X

Quality Management

Residential WMS

Quality management is developed and implemented by the management of the Service in collaboration with the sponsoring hospital/agency.

1.0 Management ensures implementation of the quality management plan within the Service.

- 1.1 Management monitors, evaluates and reports on those issues identified.
- 1.2 Management identifies and acts upon opportunities to continually improve the services provided.
- 1.3 The methods used to improve these services include, but are not limited to:
 - developing quality indicators
 - assessing
 - planning
 - implementing
 - evaluating
 - reporting
- 1.4 Management ensures that required statistical information is collected and readily available.

2.0 Management reports on formal and informal quality management activities, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XI

Utilization Review

Residential WMS

Management develops, implements and reports on utilization review activities specific to the Service in collaboration with the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Management reports on utilization review activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 The utilization review, specific to the Service, will include:
- bed utilization
 - length of stay
 - admissions and re-admissions
 - client population by age, gender and substance of choice
- 1.2 The report on utilization review activities is in a standard reporting format for communication to the Advisory Committee and sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA XII

Risk Management

Residential WMS

Management develops, implements and reports on risk management activities specific to the Service in collaboration with the sponsoring hospital/agency.

1.0 Management reports on risk management activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 Risk management activities specific to the Service includes:
- the prevention, identification and assessment of risks
 - required actions to manage risks to clients, staff/volunteers, property, finances and reputation of the Service
 - evaluation of risk management activities
- 1.2 The report on risk management activities will be in a standard format for communication to the sponsoring hospital/agency and Advisory Committee.

2.0 Management monitors and evaluates the risk management program.

- 2.1 Management ensures that actions are taken to minimize potential risks.
- 2.2 Management ensures that the risk management program is effective in reducing risks to clients, staff/volunteers and the property.
- 2.3 Management consults and collaborates with risk management personnel from the sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA XIII

Occupational Health and Safety

Residential WMS

Withdrawal Management Services ensures the health and safety of clients, staff/volunteers and the public and is prepared for disaster and emergency situations.

1.0 Management implements the policies and procedures identified as necessary by the sponsoring hospital/agency.

1.1 These will include:

- health and safety activities
- disaster and emergency preparedness
- infection control activities
- Workplace Hazardous Materials Information System (WHMIS)
- security measures
- Occupational Health and Safety Committee
- Occupational Health and Safety inspections
- management of allergens
- safe storage of chemicals
- the responsibility of staff members and volunteers for taking reasonable care to protect the health and safety of themselves, other staff, clients and the public
- a preventative maintenance program
- formal reports of incidents and accidents
- wellness activities
- the safe location of anti-bacterial hand washes containing alcohol

1.2 There is a mechanism in place to facilitate communication and consultation between the Service and sponsoring hospital/agency regarding identified issues/areas of concern.

1.3 Staff are trained to identify, reduce, manage and report risk.

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA XIV

Providing Safe and Appropriate Services

Residential WMS

1.0 Management ensures implementation of policies, procedures and/or protocols which address optimal care and protection of the rights of the clients.

1.1 This will be achieved by:

- hiring competent, ethical and qualified staff
- maintaining accessible and comprehensive clinical records
- ensuring client's right to confidentiality
- ensuring secure storage of client information
- ensuring requirements are met for disclosure of client information
- establishing a statement of client rights and responsibilities
- establishing a Code of Ethics to guide the provision of service
- establishing policies on reporting child protection issues
- having an open, safe and transparent complaint process for clients and families to raise issues or concerns
- establishing a process to handle conflicts of interest and dispute resolution
- establishing a process to address ethics/boundary related issues
- having a process to educate the client regarding the elements of informed consent
- having a process to educate the client, and when appropriate, the family/significant others regarding treatment options and the expected results of treatment and/or the potential consequences of declining treatment
- having a documented process to verify that the client, and when appropriate, the family/significant others understand information provided by the Service
- having a process to ensure the involvement of the client in the planning of their care
- having a process to provide a safe environment
- ensuring accessibility of service to clients who meet admission criteria

2.0 A statement of the client rights and responsibilities will be made readily available to interested parties.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XV

Best Practices

Residential WMS

- 1.0 Management uses the latest research, evidence-based guidelines, and best practice information to assess and improve the quality of its services.**
 - 1.1 Management utilizes available research and best practice resources, including those utilized in the development of the Ontario Provincial Standards for Withdrawal Management Services.
 - 1.2 Management utilizes the Ontario Provincial Standards for Withdrawal Management Services to provide direction in the development of policies and procedures.
- 2.0 Management will keep up-to-date with the current and emerging local trends of substance use, to better meet the needs of the community served.**
- 3.0 Management will keep current with emerging and evolving innovations in Addictions and the Withdrawal Management Sector. After consultation with key stakeholders, management will implement appropriate innovations that meet local needs when resources are available.**

PROGRAM STANDARDS

STANDARD AREA I

Mandate, Philosophy and Vision

Residential WMS

The Service has clearly articulated statements of Mandate, Philosophy and Vision.

1.0 Management is responsible for clearly identifying the Service mandate as outlined in the Service Agreement.

1.1 The Mandate Statement will contain specific services, as identified by LHIN/MOHLTC, Advisory Committee and/or other key stakeholders, including:

- Residential Withdrawal Management Service
- Pre-treatment
- Aftercare/Follow-up
- Harm Reduction
- Outreach
- Early Intervention
- Supportive Stabilization
- Case Management
- Standardized Assessments
- Auricular Acupuncture
- Smoking Cessation
- Other categories of WMS provided by the Service

1.2 The statement is readily available to interested parties, as required.

1.3 The statement is reflected in the Service's Standards of Care.

2.0 Management is responsible for developing Statements of Philosophy and Vision that are clearly articulated.

2.1 The above statements are:

- posted in the service
- available to interested parties, as required

2.2 The above statements are reflected in the Service's Standards of Care.

PROGRAM STANDARDS

STANDARD AREA II

Service Agreement

Residential WMS

Funding Agreement

- 1.0 Management of the Service will implement the programs mandated in the Service Agreement between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.
- 2.0 Management of the Service will implement revisions/changes identified in the annual review of the Mandate.
- 3.0 Management of the Service will communicate revisions/changes of the Mandate to:
 - Advisory Committee
 - Service Staff
 - Community at Large

Partnership Agreements

- 1.0 Management of the Service may establish formal service agreements with community partners to facilitate service delivery to clients.
- 2.0 Management of the Service will implement strategies defined in agreements with community partners.
- 3.0 Management of the Service will communicate agreements with community partners to:
 - Advisory Committee
 - Service Staff

PROGRAM STANDARDS

STANDARD AREA III

Mission, Goals and Objectives

Residential WMS

1.0 The Service has a Mission Statement that is in alignment with the Mission Statement of the sponsoring hospital/agency.

2.0 The Service has identified program goals.

2.1 Goals which are common to all Residential Withdrawal Management Services include:

- providing 24-hour access to safe management of intoxication and withdrawal
- providing 24-hour access to clients who are in crisis directly related to the use of substances
- providing 24-hour telephone support
- responding to the needs of the clients in a welcoming, non-judgemental and respectful manner
- having policies and procedures which address all components of the Service and which meet legal requirements, including confidentiality and privacy of health information
- serving as a link to other categories of withdrawal management, as required and where available
- serving as a link to ongoing treatment services
- remaining current and recognizing the needs of the client population and the local community
- maintaining a data collection system that meets provincial and local requirements, supports program evaluation and research needs and identifies changing trends in the client population
- having a process for ongoing client feedback, evaluation and appropriate response
 - assisting clients to access services to address any presenting co-occurring addictions (e.g., gambling)
 - assisting clients to address their concurrent disorders while in the Service

2.2 Goals specific to the individual Residential Withdrawal Management Service includes:

- consideration of the specific needs of the community served and client population as a means of being inclusive, accessible and diverse (e.g., cultural, geographical and gender-specific)

3.0 The Service has identified client goals.

- 3.1 Goals common to all residential withdrawal management clients include:
- accessing a safe/supportive environment
 - withdrawing from substances
 - identifying clients' strengths and needs
 - completing withdrawal
 - involving clients in identifying their needs, developing individual care and discharge plans and appropriate referrals
- 3.2 Specific client goals are individualized according to identified needs and are documented in the client plan of care.

4.0 The Service has clearly defined objectives.

- 4.1 The objectives are the means by which the identified common and specific service goals are achieved.

5.0 The Service has clearly defined client objectives.

- 5.1 The objectives are the means by which the identified common client goals are achieved.

6.0 The Service has a mapping tool that addresses all services provided and facilitates evaluation (e.g., Logic Model).

- 6.1 The tool used will contain common core components mandated to Withdrawal Management Services including:
- Crisis Intervention
 - Entry Services (Information, Screening, Intake)
 - Initial and Ongoing Assessment
 - Withdrawal Management
 - Intoxication Management
 - Supportive and Educational Counselling
 - Discharge Planning
 - Community Education
 - Implementation of Standardized Provincial Assessment Tools
 - Medication tapering
 - Referrals

PROGRAM STANDARDS

STANDARD AREA IV

Program Activity Information System

Residential WMS

- 1.0 The Service has a system for collecting accurate, aggregate data in a format that permits data retrieval and analysis for the purpose of description, service planning, program planning and research.**
 - 1.1 Participation in the data collection system established by the LHIN/MOHLTC and/or the sponsoring hospital/agency is mandatory.

PROGRAM STANDARDS

STANDARD AREA V

Program Reporting

Residential WMS

- 1.0 Reporting is a requirement set by the LHIN/MOHLTC, the sponsoring hospital/agency and/or requested by the Advisory Committee or required by the individual service for effective internal communications.**
- 1.1 The schedules and content of the reports are determined by the individual bodies.
 - 1.2 Reports are completed, as required.
 - 1.3 Reports are submitted on time.
 - 1.4 Reports are compliant with the Personal Health Information Protection Act (PHIPA).
 - 1.5 Recommendations offered in response to the reports are acted upon within the determined time frame.
 - 1.6 The integrity of the data is assured.

PROGRAM STANDARDS

Residential WMS

1.0 There is a service policy and procedure manual retained in the Service and available to all staff. This manual is a supplement to and in alignment with the sponsoring hospital/agency policy and procedure manual and is specific to the Service and is reflective of the provincial withdrawal management standards.

1.1 The manual includes, but is not limited to, the following sections:

- Index
- Administration
 - ◆ Mission/Philosophy/Vision/Values
 - ◆ Service Agreements
 - ◆ Organizational Chart
 - ◆ goals and objectives
 - ◆ client complaint procedures
 - ◆ monitoring and evaluation of policies and procedures
- Human Resources
 - ◆ recruitment, hiring and retention
 - ◆ position descriptions
 - ◆ staff training and development
 - ◆ qualifications
 - ◆ volunteer program, if applicable
 - ◆ performance review
 - ◆ professional boundaries, ethics and conflict of interest
 - ◆ conflict and dispute resolution
- Occupational Health and Safety
 - ◆ Workplace Hazardous Materials Information System (WHMIS)
 - ◆ emergency procedures
 - ◆ incident reporting
 - ◆ staff safety
- Risk Management
 - ◆ infection control
 - ◆ client and volunteer safety
 - ◆ liability issues
 - ◆ transportation
 - ◆ reporting of child abuse and neglect
 - ◆ policy for police reporting

- ◆ incident reporting
- ◆ confidentiality
- Operational Procedures
 - ◆ Drug and Alcohol Treatment Information System (DATIS)
 - ◆ Management Information System (MIS)
 - ◆ records and accountabilities
 - ◆ media relations/communication plan
- Client Care
 - ◆ client guidelines
 - ◆ medications
 - ◆ admission and discharge criteria
 - ◆ admission and discharge policies
 - ◆ policy on involvement of client, and when appropriate, family/significant others
 - ◆ policy on informed consent and substitute decision makers
 - ◆ waiting list policies
- Client Records
 - ◆ care, storage and retention
 - ◆ format, frequency and content of recordings
 - ◆ maintaining an integrated client record
 - ◆ confidentiality (compliant with PHIPA)

PROGRAM STANDARDS

STANDARD AREA VII

Client Records

Residential WMS

The format for client records are determined by the Service, the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Client information is accurate, accessible, up-to-date and secure. This will be ensured by:

- staff maintaining an accurate and up-to-date record for each client
- staff meeting applicable legislation for protecting the privacy and confidentiality of client information
- appropriate staff having timely access to client information
- staff sharing client information and coordinating its flow within the Circle of Care (PHIPA)
- staff sharing client information and coordinating its flow with other care teams and/or organizations, as appropriate and required, ensuring informed consent is obtained

2.0 Admission documents contain:

- personal data (e.g., name, current address and phone number, gender, age, relationship status, occupation)
- name, address and phone number of contact person in case of emergency (e.g., parent, spouse, significant other)
- name, address and phone number of the family physician
- name, address and phone number of other professional(s) or community services involved with the client
- name and telephone number of referral source and relationship to client
- presenting issues
- history of current and past substance use
- relevant medical/medication information and/or problems
- possibility of pregnancy, when appropriate
- care of minor children, when appropriate
- living situation (e.g., no fixed address, on own, with family/significant other, group home, hospital)
- home address prior to entry into service
- relevant legal information
- previous and current utilization of addiction or mental health services and frequency and duration of hospital stays
- language(s) spoken or understood

- literacy issues, if identified
- personal risk (e.g., environmental, health, social)
- issues with safety of minor children in the home

3.0 The process document contains all relevant information pertaining to the client while under active care of the Service.

3.1 This includes:

- individual plan of care for each client
- a record of services utilized by the client, including dates (e.g., progress notes, group participation record)
- a record of activities undertaken by the client (e.g., self-help, court appearance, family visits while in the service)
- a record of case conferences as related to the individual client
- attendance and/or compliance with plan of care
- referrals made
- referrals accepted
- medication record
- record of education provided to client, and when appropriate, family/significant other as it relates to:
 - ◆ informed consent
 - ◆ confidentiality and limitations
 - ◆ treatment options offered and the explanation of expected results of treatment and/or potential consequences of declining treatment offered
 - ◆ client involvement in the planning of their care
- a record of informing clients about the process for registering a complaint
- a response to requests for access to health records
- release of information authorizations and informed consents
- updating of the information contained in the intake document, as necessary
- record of all clinical interventions

4.0 Discharge Document contains:

- date and time of discharge from the service
- a general evaluation of client status at time of discharge as it relates to client objectives and their related criteria
- discharge summary (e.g., service completed, withdrawal from service, change of residence, service refusal, referrals accepted at time of discharge, summary of services utilized while in the service)
- forwarding address of client, if different from admitting address
- update on information contained in the intake document, as necessary

- 5.0 Post discharge follow-up is contained within the client record.**
- 6.0 Multifunctional services will maintain an integrated client record.**
- 7.0 The Service has clearly defined standards for documenting which will outline the format, content and frequency.**
 - 7.1 The format, content and frequency are determined collaboratively between the Service and the sponsoring hospital/agency.
- 8.0 The client record is either filed with an existing client record or is readily accessible if filed separately.**

PROGRAM STANDARDS

STANDARD AREA VIII

Quality Monitoring

Residential WMS

The Service has a process for establishing quality indicators and utilizes the findings to make improvements. The process is in alignment with the requirements of the sponsoring hospital/agency and LHIN/MOHLTC.

1.0 The Service uses the latest research, evidence-based guidelines and best practice information to improve the quality of its services.

2.0 The process includes:

- assigning responsibility
- identifying indicators of quality for important processes, functions and outcomes
- establishing criteria for acceptable performance for each indicator
- collecting and analyzing data
- where appropriate, taking action to improve performance
- where appropriate, reviewing the effectiveness of corrective action
- reporting

3.0 Quality indicators common to all Services include:

- utilization data
- client surveys
- referral source surveys
- withdrawal completion data
- incident/accident reports
- referrals to other resources

4.0 The Service develops individual quality indicators specific to the services provided.

PROGRAM STANDARDS

STANDARD IX

Medication

PREAMBLE

All standards are intended to be baselines upon which local policies and procedures are developed. In no way do they replace the need for service policies and procedures. These medication standards are general in nature; yet prescriptive enough to point to a quality of care that all Withdrawal Management Services should be working towards in order to be client-centred and responsive to current and emerging client needs.

Due to the sensitive and often complex nature of medication issues, policies and procedures will be, in part, dictated by such variables as human resources, proximity to medical and pharmaceutical services, physical layout of the facility, geographical area, the policies and procedures of the sponsoring agency and fiscal resources. Client variables that may influence decisions regarding medication accessibility for clients would include age, physical condition, client drug(s) of choice, and ability to pay for medications. The decisions affected by this second set of variables are generally made on a case by case basis.

PROGRAM STANDARDS

STANDARDS AREA IX

Medication

Residential WMS

Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, legal requirements and follow prudent risk management practices.

1.0 The following guidelines are based on collaboration with experts in addiction medicine and Withdrawal Management Services.

1.1 There will be Policies and Procedures in place related to clients' use of medication.

1.1.1 The policies and procedures will address issues of verification, validity and integrity of the medication/prescription brought into the service. This refers to:

- addressing currency of the medication
- ownership of the medication
- amount of medication remaining is consistent with use as prescribed
- appearance of the medication matches the description on the label and/or CPS
- duplication of medication
- verification process if inconsistencies are found

1.2 There will be Policies and Procedures in place related to the accurate recording of information in the client record, relating to the medication brought into the service and the medication returned upon discharge.

1.3 There will be Policies and Procedures in place related to safe management of medication brought into the service.

1.3.1 The policies and procedures will address safe storing and disposal of over-the-counter medications, prescribed medications, illicit drugs and other drugs of abuse.

1.4 There will be Policies and Procedures in place related to client self-administration of medications and staff supervision/monitoring of this activity.

- 1.5 There will be Policies and Procedures in place related to staff responsibility for reminding clients to take medications as prescribed and maintaining an accurate and timely record that relates to:
- medications self-administered/taken by client
 - medications missed (e.g., may be away from Service)
 - medications refused by client
- 1.6 There will be Policies and Procedures in place related to the use of potentially addictive pain medications. These will be limited to prescription medications for the management of significant or severe pain.
- 1.6.1 The policies and procedures will address safeguards and appropriate consent in relation to consultation with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.
- 1.6.2 The policies and procedures will address consultation with the prescribing physician regarding an alternative medication when the prescribed medication is the drug of choice used by the client. In addition, consultation may include other non-medicating alternatives (e.g., meditation, relaxation, acupuncture).
- 1.7 There will be Policies and Procedures in place related to the use of potentially addictive psychoactive medications. These will be limited to prescribed medications for diagnosed mental health disorders, whether pre-existing or diagnosed while in the service.
- 1.7.1 The policies and procedures will address limiting the self-administration of those medications prescribed to maintain, establish or re-establish stability for diagnosed mental health disorder(s).
- 1.7.2 The policies and procedures will address safeguards in relation to necessary consultations with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.
- 1.8 There will be Policies and Procedures in place related to medications prescribed for all other medical conditions.

- 1.8.1 The policies and procedures will address allowing the client to self-administer medications prescribed for a condition that was in existence prior to admission to the service, or which is prescribed through medical assessment after admission to the service. This may be an ongoing permanent/chronic condition such as, but not limited to, high blood pressure and diabetes; or, it may be of a temporary nature such as, but not limited to, an infection or inflammation.
- 1.9 There will be Policies and Procedures to address the time frame required between the last drink or ingestion of any other drug(s) used and resumption of the medication regime (rationale – many medications are contraindicated in conjunction with alcohol consumption or may interact with other medications/drugs taken prior to admission which requires professional pharmacological advice).
- 1.10 There will be Policies and Procedures in place related to the need for staff to consult with the prescribing physician, when a potentially addictive medication is prescribed while the client is in the Service.
 - 1.10.1 The policies and procedures will address that the consultation will include the need for the medication, possible alternatives and the duration of the prescription.
- 1.11 There will be Policies and Procedures for all Level II Withdrawal Management Services assisting clients withdrawing from medications through a tapering process.
 - 1.11.1 The policies and procedures will address the need to work closely with the prescribing physician in following the tapering regime.

Recommended tapering regimes can be found in “Managing Alcohol, Tobacco and Other Drug Problems: a Pocket Guide for Physician and Nurses” (see *Appendix VI*).
 - 1.11.2 The policies and procedures will address tapering needs of older adults.
 - 1.11.3 The policies and procedures will address consulting with the prescribing physician if the tapering regime, provided by the physician, does not follow recommended guidelines.

- 1.12 There will be Policies and Procedures based on “Best Practices in Methadone Maintenance Treatment” (Health Canada, 2002) to address the needs of clients utilizing Methadone (rationale – Methadone Maintenance Treatment is a key component of a comprehensive strategy to address opioid dependence and its consequences).
 - 1.12.1 The policies and procedures developed will meet the legal requirements related to Methadone management.
 - 1.12.2 The policies and procedures will address the process for clients to obtain their daily Methadone while in residential withdrawal management services.
 - 1.12.3 The policies and procedures will indicate that Methadone is not transported by service staff nor stored in the service.
- 1.13 There will be Policies and Procedures to address Diazepam Loading which may be required for alcohol withdrawal (*see Appendix V*).
 - 1.13.1 The policies and procedures will address that treatment is to be completed before the client returns to the withdrawal management service.
 - 1.13.2 The policies and procedures will address loading requirements for older adults.
- 1.14 There will be Policies and Procedures to address allowing medication to be used in treatment of substance abuse such as Antabuse and Naltrexone and for those used for Nicotine cessation programs.
- 1.15 There will be Policies and Procedures in place regarding the use of prescribed PRN (on an as needed basis) medications brought to the Service by the client.
 - 1.15.1 The policies and procedures will address the process for consulting with a physician or pharmacist and sponsoring hospital to establish safe guidelines/practices.
- 1.16 There will be Policies and Procedures addressing guidelines regarding over-the-counter medications, herbal preparations, remedies, supplements and products containing alcohol.
 - 1.16.1 The policies and procedures will address the process for consulting a physician or pharmacist and sponsoring hospital to establish safe guidelines/practices.

- 1.16.2 The policies and procedures will identify substances containing alcohol that are not permitted for use in the service.
- 1.16.3 The policies and procedures will address the safe location of anti-bacterial hand washes containing alcohol.

PROGRAM STANDARDS

STANDARD AREA X

Diversity and Cultural Responsiveness

Residential WMS

The Service encourages and supports a workplace environment that promotes diversity and cultural responsiveness.

1.0 Management will ensure that strategies are in place to address possible barriers towards being inclusive and diverse.

1.1 Respect will be demonstrated to all clients and co-workers.

1.2 Non-discriminatory practices are expected by all staff.

2.0 There will be recognition of the unique needs of diverse cultural groups.

2.1 Every effort will be made to accommodate the requirements as follows:

- dietary (i.e., preparation, particular foods)
- interpreters when required
- special rites and practices (e.g., smudging, praying)

PROGRAM STANDARDS

STANDARD AREA XI

Harm Reduction

Residential WMS

Harm associated with substance use ranges from low to high risk. Harm reduction strategies are pragmatic and are delivered in a non-judgemental framework to reduce individual and community harm. The focus involves incremental steps to reduce the harm associated with higher risk behaviour. Abstinence is on the continuum of harm reduction and may be a possible goal.

- 1.0 **There will be policies and procedures relating to harm reduction services that are currently offered and for future initiatives as they emerge.**
 - 1.1 The policies and procedures will address supporting clients on a stabilized Methadone Maintenance Program.
 - 1.1.1 Policies and procedures will address compliance with legal requirements.
 - 1.1.2 Policies and procedures will address arrangements for the client to safely obtain their Methadone off-site.
 - 1.2 The policies and procedures will address medication tapering and will be in alignment with the Medication Standards.
 - 1.3 The policies and procedures will address accessibility for current and former clients who relapse or used substances while they are/were a client in the Service.
 - 1.4 The policies and procedures will address current and future harm reduction initiatives appropriate for implementing in a residential withdrawal management setting.

PROGRAM STANDARDS

STANDARD AREA XII

Program Evaluation

Residential WMS

Evaluation is a component of every Service.

1.0 Evaluation is based on assessment of service delivery and attainment of client, program and administrative goals.

1.1 The evaluation is ongoing and accomplished by:

- internal evaluation of core components using specific indicators
- external evaluation by the LHIN/MOHLTC and/or designate and the Canadian Council on Health Services Accreditation specific to addiction services
- the evaluation should incorporate the most current “Ontario Withdrawal Management Standards” as a guide and/or measurement tool

PROGRAM STANDARDS

STANDARD AREA XIII

Association Membership

Residential WMS

Management of Withdrawal Management Services should have access to current clinical information, trends in Addictions, a support system of withdrawal management peers and have the opportunity to participate in system planning in the addiction treatment sector. It is important to participate in partnerships/organizations which will support the meeting of these goals.

1.0 Withdrawal Management Services will maintain membership in relevant association(s).

1.1 The following are examples of such resources:

- provincial and regional addiction associations
- provincial and regional health services planning bodies

STANDARDS OF CLIENT CARE

PREAMBLE:

The philosophy underlying client care is:

- clients are to be treated with respect, dignity and autonomy and with recognition of their individual needs
- clients are full partners in their care
- safety will be a primary consideration both in the delivery of care and in the care environment

The Standards of Care focus on the client and specify the care and treatment to be provided.⁴

The standards of client care are based on:

- the Mission Statement, Philosophy and expectations of the sponsoring hospital/agency
- the Mission Statement, Philosophy and service directives of the individual Service
- the Standards of Practice governing the staff affiliation represented within the Services (e.g., College of Nurses, College of Social Work, Canadian Addiction Counsellors Certification Federation) and standards of practice reflected within the service policies and procedures
- research of relevant best practice documents
- relevant legislation

⁴ Treatment in this context is the level of service provided within the scope of the revised provincial service mandate (Level I, II, III)

STANDARDS OF CLIENT CARE

Standard Area I

Intake

Residential WMS

Intake includes pre-admission screening, admission and client orientation.

1.0 There is a co-ordinated process for timely access to services for current and potential clients.

- 1.1 Barriers that prevent clients, families and referring organizations from accessing services are identified and when possible removed.
- 1.2 When service is requested there is a timely process for response.
- 1.3 There are set criteria for service eligibility when deciding whether to offer services to potential clients, and when appropriate, family/significant others.

2.0 Pre-admission screening

- 2.1 Pre-admission screening includes, but is not limited to:
 - recent drug use (e.g., substances used, quantity, time and duration of last use)
 - appropriateness for safe withdrawal in a non-medical service as per admission criteria
 - current physical and mental health
 - any illness or injuries
 - any other issues of significance to ensure safety of clients, staff/volunteers
- 2.2 A formal screening tool will be utilized.
- 2.3 An additional tool to assess the severity of intoxication and/or withdrawal symptoms will be utilized, as appropriate.

3.0 Admission

Admission includes a systematic and pertinent collection of objective data. This collection of data is a process and all information may not be attainable at the time of admission, dependent on the level of client impairment and other possible barriers such as language. Data will be gathered at the first opportunity.

- 3.1 All admission documentation includes the following:
- date and time of admission
 - source of referral
 - reason for admission
 - symptoms of intoxication or withdrawal
 - identification of intoxicating substances used (if known), quantity, method taken and last use
 - level of mobility
 - level of coherence
 - description of behaviour exhibited
 - need for immediate medical attention
 - ongoing medical problems and required aids including glasses, contact lenses, dentures, hearing aids and required prosthesis
 - history of seizures – epilepsy or alcohol induced
 - history of diabetes, heart disease, allergies or any significant medical history (e.g., pregnancy)
 - medications used (prescribed, over-the-counter and herbal preparations)
 - emotional/mental status (e.g., suicidal ideation, physical and/or verbal cues, mental health or concurrent diagnosis)
 - current medical/mental health worker
 - record of medication
 - personal valuables taken into the care of the service
 - documentation of any unusual occurrence/event
 - identified support systems
 - safe care of minor children
 - safety/violence screening for women
 - emergency contacts

4.0 Client Orientation

To promote informed decisions by clients regarding their treatment, there will be a process for orientation relevant to the client's level of impairment, and when appropriate, the involvement of family/significant others.

- 4.1 The process for orientation includes:
- physical environment
 - introduction to staff
 - introduction to other clients
 - routines of care (e.g., process of delivery of service)
 - a record that the client has been informed of the process for delivery of service

- handling and safekeeping of valuables
- policies regarding visitation and passes
- relevant programs and services available
- review of residential guidelines
- a record that the client has been informed of the Centre's guidelines
- emergency evacuation procedures

4.2 Information about client and family rights and responsibilities including, but not limited to:

- regulations regarding confidentiality
- explanation regarding the "Circle of Care" practices
- explanation of informed consent to service, the disclosure of health records and the limitations of consent (e.g., Duty to Report, medical emergency and instances where there is an imminent threat of harm to self or others)
- the encouragement and support of personal choice
- opportunities to participate in care and treatment
- opportunities to participate in team conferences affecting their care
- a process whereby issues or concerns related to the quality of care and treatment can be addressed
- compliance requirements with safety-related processes such as no smoking policies
- formal complaints procedure
- group living responsibilities

STANDARDS OF CLIENT CARE

STANDARD AREA II

Intoxication and Withdrawal Management

Residential WMS

The management of intoxication and withdrawal includes monitoring, ongoing assessments, support, documenting and crisis management. The frequency of monitoring and intensity of ongoing assessment is dependent upon the level of client impairment and scope of service.

- 1.0 **There are established guidelines based on research and best practice literature, related to the expected withdrawal processes for a variety of substances. The Service implements and integrates this knowledge into the management of intoxication and withdrawal phase of care.**
 - 1.1 Implementation of the established guidelines and Best Practices is coordinated among team members in the provision of care.
 - 1.2 The client is referred to and/or transferred for medical attention if there is a significant deviation from the expected outcomes.
 - 1.3 The client may choose to access medical assessment/intervention at any time.

2.0 **Monitoring**

In this context, monitoring means the process of regularly checking the client during both the intoxication and withdrawal phase of care for any signs and symptoms indicating changes in status. This process is ongoing for the duration of their residency.

- 2.1 If the client has a history of diabetes and/or seizures the client will be monitored every 15 minutes for a minimum of four (4) hours following admission, longer if the client's condition so warrants.
- 2.2 In order to determine monitoring intervals for clients without seizure or diabetes history standardized indicators will be used (*see Appendix II for sample form*). These indicators will assess intoxication, withdrawal and medical/mental health concerns. The outcome of this assessment will determine if the client will be monitored at 15 or 30 minute intervals.

- 2.3 In addition to the checks at 15/30 minute intervals, the client is roused (client must be responsive to verbal or gentle tactile stimuli) from sleep every two (2) hours for a minimum of eight (8) hours from the time of admission, longer if the client's condition so warrants.
- 2.4 The client is observed a minimum of every hour throughout the period of residency.
- 2.5 The documentation format of all monitoring is decided by the Service (see *Appendix III for sample form*).
- 2.6 The standardized indicators (see *Appendix IV for sample form*) minimally include the following:
- agitation
 - level of consciousness
 - tremor
 - appetite
 - abdominal changes
 - orientation
 - hallucinations
 - anxiety
 - sweating
 - sleep patterns
 - GI disturbance
 - muscle aches
 - mood

3.0 The Service develops, in collaboration with its sponsoring hospital/agency, a written protocol to address high-risk situations.

- 3.1 These include:
- clients living with diabetes
 - suicidal ideation
 - head injuries
 - seizures
 - pregnancy
 - self harm
 - other situations as identified from time to time

4.0 Ongoing Assessment

In this context, ongoing assessment means the process by which the client's condition is systematically reviewed for the purpose of identifying change in status, determining appropriate action and developing a plan of care.

- 4.1 There is ongoing assessment throughout the duration of the client's residency.
- 4.2 Appropriate action is taken as a result of the assessment.
- 4.3 The action is documented and necessary changes to the plan of care are implemented.

5.0 Support

Support includes those actions which focus on increasing the client's general well being.

- 5.1 This includes the areas of:
 - maintenance (shelter, hygiene and nutrition)
 - personal safety
 - support based on the identified physical, emotional and spiritual needs of the individual

6.0 Documentation

The service has clearly defined standards for documenting which will outline the format, content and frequency.

- 6.1 The format, content and frequency is determined collaboratively between the Service and the sponsoring hospital/agency.
- 6.2 A plan of care is developed collaboratively between service staff, client, and when appropriate, family/significant others and other community workers currently providing care.
- 6.3 There is a process for review and revision of the individual plan of care. The process will include:
 - reviewing of the actual outcomes of care and treatment against the expected outcomes of the client and staff
 - revising the plan of care in consultation with the client, based on the conclusions of the review

7.0 Crisis Management

Crisis Management includes the immediate intervention in an emergency situation.

- 7.1 All Services will have policies for emergency situations (e.g., seizure protocol, cardiac arrest, trauma requiring medical attention, assaults, suicidal ideation/intention and all other medical emergencies).

STANDARDS OF CLIENT CARE

STANDARD AREA III

Ongoing Client Care and Treatment

Residential WMS

1.0 There is a process of preparing the client for care and treatment.

- 1.1 There will be coordination of the following activities:
- identifying appropriateness of individuals for treatment in the Service
 - explaining the services provided to the client
 - retrieving information from the client, referring source and/or records of previous admissions
 - explaining the process of care to the client
- 1.2 Ensure orientation process is completed.

2.0 There is a process in place for ongoing assessment.

- 2.1 An individual's needs are identified and evaluated based on:
- substances used
 - strengths
 - challenges
 - barriers to recovery
 - medical/mental health
 - available supports
- 2.2 An assessment and history is documented and relates to:
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
 - present level of functioning
 - allergies
 - medication therapy, including drug-related problems
 - nutrition, including the need for supplements or a special diet
 - cultural preferences and beliefs
 - client understanding of the impact of his/her substance use
 - level of literacy
 - ability and/or desire to participate in care and treatment
 - community supports available upon discharge

- goals and expected outcomes of care and treatment
- participation of the client in setting goals and expected outcomes
- smoking cessation treatment

3.0 The care and treatment process includes developing and implementing a therapeutic plan and monitoring the achievement of intended outcomes.

3.1 The key components of care and treatment are identified for each client and include:

- managing symptoms
- managing medication
- maintaining client privacy and dignity
- physical care related to treatment and comfort
- assisting with activities of daily living
- providing a therapeutic and safe environment
- measures to prevent infection and other adverse occurrences
- nutritional support
- supportive counselling and education
- support for those with special care/treatment requirements, including children, child care issues, cultural, language, literacy level, concurrent disorders, age and gender
- religious and/or spiritual support
- emotional support and counselling of the client
- identifying and addressing barriers to accessing treatment options
- referrals to other community services when client needs can not be met within the Service's mandate
- accurate and timely recording of interactions/treatments provided and the outcomes to those interactions/treatments
- accurate record keeping and transfer of information at transition points (e.g., end of shift reports, discharge summaries to referring agencies)
- documented evidence that timely transfer of information has occurred
- involvement of family/significant others, when appropriate

3.2 There are policies and procedures for the management and monitoring of client medications for the following:

- verification, validity and integrity of the medications/prescription
- medications brought in by clients which are **not** to be used
- medications permitted
- ensuring that client is reminded to take medications as prescribed and documentation/actions to be taken if the client refuses to comply

- encouraging the client to obtain information/education regarding their medications
 - the return of client medications upon discharge
 - safe storage of medications (including those for disposal)
- 3.3 The options for care and treatment are explained so that the client, and when appropriate, family/significant others are able to make informed decisions.
- 3.4 Staff members understand each other's roles and their contribution to the implementation of care and treatment.
- 3.5 Education is provided to the client, and when appropriate, the family/significant others as it relates to:
- immediate and continuing care needs
 - health promotion and disease prevention, harm reduction, self-help options and the addiction continuum of care
 - ensuring client awareness of his/her choices and active involvement in his/her care/treatment

4.0 There is a process to prepare the client for discharge.

- 4.1 Discharge planning is initiated and includes:
- determining the client's level of knowledge, and when appropriate, family/significant others about the options for continuing care
 - providing options for continuing care
 - involving other community care providers in the planning process
 - a process for referral
 - a process to ensure that clients understand and know how to access an aftercare plan and resolve unanswered questions
 - a written discharge follow-up plan to be given to clients
 - consideration of violence potential for the discharge environment for women and formulation of an appropriate safety plan
 - a referral to women's only services as a first choice for women, based on best practices

5.0 There are processes related to maintaining an integrated client record.

- 5.1 Information contained in the client record is consistent with the sponsoring hospital/agency requirements.
- 5.2 Information contained in the client record will be accurate, accessible, up-to-date and secure.

5.2.1 Records meet applicable legislation for protecting the privacy and confidentiality of client information.

5.2.2 Appropriate staff have timely access to client information.

5.2.3 Staff shares client information and coordinates its flow between Service staff and other community workers involved in the client's care, with informed consent as required.

5.3 Care and treatment is documented and includes, but is not limited to:

- current level of functioning
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
- report of physical/emotional condition at the time of admission
- evidence of involving client, and when appropriate, family/significant others and community partners, as applicable in care and treatment planning
- progress notes, reports and/or consultations
- record of medication taken/refused
- evidence of educating the client, and when appropriate, family/significant others and their responses
- client response to care and treatment
- outcomes of care and treatment
- evidence of discharge planning including necessary instructions to client, and when appropriate, family/significant others for follow-up care

6.0 The care and treatment process as a whole is consistent with applicable legislative requirements, standards of practice and the code of ethics of respective disciplines and the code of ethics for all service workers/volunteers.

7.0 There is a process for review and revision of the individual plan of care and treatment.

7.1 The actual outcomes of care and treatment are reviewed by the client and staff against the expected outcomes.

7.2 Variations between the actual and expected outcomes are reviewed.

7.3 In consultation with the client, and when appropriate, family/significant others the plan of care and treatment is revised based on the conclusions of the review.

8.0 There is a plan to meet ongoing client care following discharge.

8.1 The plan relates to:

- coordinating access and/or referral to addiction treatment and community support services (e.g., outreach programs, self-help groups)
 - ◆ information about available community support services is given to the client
 - ◆ information is given to the community support service, with client's authorization/informed consent
 - ◆ the substitute decision maker will provide consent if the client is incapable of providing consent
- communicating all relevant information to the referring source and family physician with the consent of the client
- documenting plans and referrals for follow-up care and treatment in the client record, including:
 - ◆ place, date and reason for referral
 - ◆ contact person, as appropriate
 - ◆ report of the outcomes of care and treatment, as appropriate
- client receives a written copy of the aftercare plan
- ongoing telephone support

STANDARDS OF CLIENT CARE

STANDARD AREA IV

Quality Monitoring and Improvement

Residential WMS

1.0 There are processes for monitoring and improving the quality of care and treatment.

1.1 These will include analysis of data from:

- client satisfaction questionnaires
- feedback mechanisms by referring agencies
- reports of incidents and/or unusual occurrences
- the percentage of clients completing withdrawal process
- peer and management chart audits
- the client complaint process

1.2 The processes are developed and implemented collaboratively by the staff, client, and when appropriate, family/significant others.

1.3 The staff uses the latest research, evidence-based guidelines and best practice information to maintain ongoing quality of care.

2.0 There is a process for reviewing client care guidelines to ensure relevancy.

2.1 These will include the following sources:

- records of information
- client record
- job performance review
- meetings with the clients
- feedback from client
- staff meetings
- monitoring current client needs
- best practices
- Advisory Committee

3.0 There are indicators for outcomes of care.

3.1 The indicators for the outcomes are developed collaboratively by the staff and management.

3.2 Indicators for outcomes may be developed by Withdrawal Management Services/sponsoring hospital/agency and other key stakeholders.

4.0 There are indicators for quality of care.

4.1 The indicators are related to:

- processes and outcomes of client care/treatment
- the delivery and cost of service provision

5.0 Processes related to quality of care and treatment are selected in order of priority. These can be referenced to the CCHSA's Accreditation Program 2008, Mental Health Services.

5.1 Priority is given to processes that are:

- high risk
- high volume
- problem prone

5.2 Aspects of quality that are considered when determining priorities include any or all of the following:

- safety
- competence
- acceptability
- effectiveness
- appropriateness
- efficiency
- accessibility

6.0 Activities are undertaken to implement required improvements.

6.1 The resulting improvements are identified, implemented and documented.

7.0 The outcomes of quality improvement activities are communicated to all relevant stakeholders.

7.1 The outcomes are communicated through:

- reports
- newsletters or bulletins
- educational activities
- meetings
- postings within the Service where they are visible to consumers and staff

- team conferences
- interactions between individuals
- web-sites

8.0 There is ongoing evaluation of the improvements.

- 8.1 Responsibility is assigned for evaluating the improvements in care and treatment over time.
- 8.2 Monitoring activities include:
- repeat survey/evaluation
 - ongoing data collection, analysis and dissemination, as required
- 8.3 When necessary, changes are initiated to ensure quality improvements.

STANDARDS OF CLIENT CARE

STANDARD AREA V

Care Considerations for Older Adults

Residential WMS

Older adults may experience more complications during withdrawal than younger adults, as the liver and kidney metabolize and eliminate alcohol or other substances more slowly.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of the older adult population.**
 - 1.1 The policies and procedures will address consideration for a longer length of stay for withdrawal from alcohol or other substances, based on individual circumstances (e.g., older adults may need up to 2 weeks for withdrawal, depending on the amount consumed, health status and interactions with other medications).
 - 1.2 The policies and procedures will address the possible need for older adults to receive a medical assessment at a less intense level of withdrawal than younger adults (as indicated in “Best Practices and Effective Community Development Strategies to Prevent and Address Alcohol Problems Among Seniors”).

STANDARDS OF CLIENT CARE

STANDARD AREA VI

Concurrent Substance Use and Mental Health Disorders

Residential WMS

Clients with concurrent (addiction and mental health) disorders are at increased risk of medical and psychosocial negative outcomes. It is important to provide specifically designed interventions for these clients.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of clients with concurrent disorders.**
 - 1.1 The policies and procedures will direct the management of the prescribed medication and will be in compliance with the Medication Standards.
 - 1.2 The policies and procedures will address providing care collaboratively with other care providers (e.g., mental health clinician or physicians involved in the care of the individual) and appropriate consent will be obtained.
 - 1.3 The policies and procedures will address situations that, if they arise, will require a referral for medical assessment (e.g., expressions of suicidal intention, non-compliance with medication regime, or symptoms of psychosis).

STANDARDS OF CLIENT CARE

STANDARD AREA VII

Care Considerations for Pregnant Women

Residential WMS

Risk to the unborn child/children of pregnant women is well established. For this reason ease of access to the addiction treatment system is imperative. All pregnant women presenting for service will be referred for a medical assessment prior to admission.

1.0 There will be policies and procedures in place regarding ease of access.

- 1.1 The policies and procedures will address priority admission for pregnant women, including arranging appropriate alternative referrals when admission is not possible.
- 1.2 The policies and procedures will address consideration for extended stay.
- 1.3 The policies and procedures will address priority service for relapse from treatment programs.

2.0 There will be policies and procedures in place regarding referrals.

- 2.1 The policies and procedures will address mandatory referral for medical intervention for all alcohol withdrawal.
- 2.2 The policies and procedures will address cessation of opioids or sedatives/benzodiazepines only under medical supervision.
- 2.3 The policies and procedures will address priority referrals to treatment agencies/services.
- 2.4 The policies and procedures will address referral process to Public Health.
- 2.5 The policies and procedures will address referrals for possible methadone treatment for opioid dependent women due to the impact of use and withdrawal on pregnancy and the unborn child/children (e.g., spontaneous abortion, pre-term labour, fetal death, neonatal withdrawal).

- 2.6 The policies and procedures will address screening for sexually transmitted infections (STI's), HIV, TB, Hepatitis B and C, for impact on pregnancy and health of the unborn child/children.
- 2.7 The policies and procedures will address referral to an addiction medicine specialist with expertise in pregnancy, where available (according to "Managing, Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses").

3.0 There will be policies and procedures in place regarding ongoing care.

- 3.1 The policies and procedures will address a protocol for the necessity of pre-natal care.
- 3.2 The policies and procedures will address education and support regarding the impact of substances on pregnancy and the unborn child/children (e.g., Motherisk, Addictions Early Childhood Development Initiative projects).
- 3.3 The policies and procedures will address staff awareness of complications from substance use by pregnant women.
- 3.4 The policies and procedures will address the advisability of Case Management.

EDUCATION STANDARDS

STANDARD AREA I

Basic Education and Core Competencies

Residential WMS

1.0 The Service ensures recruitment and hiring of front-line workers that is consistent with the recognized minimum education, skills, knowledge base and core competency requirements.

1.1 Minimum education requirement:

- two year post-secondary diploma in a Health or Human Service Program, complemented by addiction studies

1.2 Demonstrated knowledge in:

- cultural sensitivity and inclusivity
- theories of addiction
- fundamental concepts of addiction
- treatment approaches/modalities
- pharmacology relevant to withdrawal management
- self-help groups
- relapse prevention
- harm reduction
- effective withdrawal management
- group dynamics
- stages of change
- motivational interviewing
- trauma (as it relates to addiction)
- admission and discharge tools
- relevant best practices
- behaviour management
- mental health issues
- models of withdrawal management service delivery
- computer skills
- recognition of signs and symptoms of impairment

1.3 Required training in:

- C.P.R.
- first aid
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

- non-violent crisis intervention
- documenting principles

2.0 The Service has support services reflective of its specific needs and may include housekeeping, dietary, clerical and maintenance. The educational requirements and knowledge base for these positions is in alignment with the sponsoring hospital/agency.

2.1 Individuals holding these positions in a Withdrawal Management Service are sensitive to the client population, the program environment and confidentiality requirements.

3.0 The Service ensures that recruitment and hiring of Coordinators and Supervisors is consistent with recognized minimum education, skills, knowledge base and core competency requirements.

3.1 A minimum of a Bachelor Degree in a Health or Human Services discipline complimented by addiction studies and/or equivalent combination of education and experience. A minimum of three years clinical experience in the addiction and/or related health field is required. Certified Clinical Supervisor and/or other relevant certification is an asset.

3.2 Demonstrated core competencies including:

- leadership skills
- interpersonal communication skills
- problem solving skills
- conflict resolution skills
- staff management/supervision skills
- organizational skills
- diversity management
- clinical supervision

3.3 Skills and knowledge in:

- human resource management
- quality assurance and risk management
- shift scheduling
- providing staff training and education
- report writing
- the use of computers and applicable software
- debriefing techniques
- vicarious trauma/compassion fatigue
- models of withdrawal management service delivery

4.0 The recruitment of and hiring criteria for the Manager/Director is the responsibility of the sponsoring hospital/agency.

4.1 Recognizing that Withdrawal Management Services tend to be complex, it is recommended that the Manager/Director minimally meets the qualifications required for a Supervisor/Coordinator and is knowledgeable and experienced in the addictions field.

5.0 The Service ensures recruitment of volunteers with recognized skills relevant to their roles/duties, where applicable.

EDUCATION STANDARDS

STANDARD AREA II

Orientation and Professional Development

Residential WMS

The Service provides orientation, ongoing training and professional development for all staff, students and volunteers.

1.0 There is orientation for staff, volunteers and students.

1.1 The orientation to the service includes:

- physical layout of the service
- mission and philosophy
- position description/responsibilities
- performance expectations
- policy and procedure manuals
- orientation to all relevant shifts
- disaster and emergency plans
- introduction to all staff
- program goals and objectives
- confidentiality requirements
- safety and emergency procedures
- quality improvement programs
- health and wellness plans

1.2 The orientation to the sponsoring hospital/agency may include:

- mission and philosophy
- services and programs provided in the facility
- organization of the facility
- introduction to key personnel
- external disaster procedures
- human resources policies and procedures
- tour of the facility
- Employee Assistance Program (if applicable)
- Occupational Health and Safety Program (including Fire Safety, Infection Control and WHMIS)

1.3 Orientation is completed in a timely manner and participation is documented upon completion.

2.0 There are professional development activities utilizing in-service and external resources.

2.1 The professional development activities provide the knowledge and skills required to assist staff, students and volunteers in attaining and maintaining competency in their roles.

2.2 The professional development activities address current policies and procedures as well as needs identified through:

- needs assessments
- performance evaluations
- quality management activities
- utilization review activities
- risk management activities
- occupational health and safety activities
- organizational changes
- service changes within the program
- relevant legislation
- research activities
- client/referral source surveys
- clinical supervision

2.3 Participation is documented upon completion.

3.0 The Service has an annual professional development plan for staff and volunteers.

3.1 Components of the plan are identified through:

- performance evaluations and skills/competency assessments of individual staff
- assessing specific program needs or changes (e.g., technology, legislation)

3.2 The Service provides a minimum of 16 hours of continuing education and training opportunities annually for each employee. This includes:

- training relevant to the staff's scope of practice
- training relevant to the program's scope of service

3.3 The Service provides opportunities for ongoing education and training for volunteers relevant to their role and responsibilities.

3.4 Participation in continuing education is documented upon completion.

4.0 The Service has written policies and procedures regarding mandatory training and/or certification.

4.1 These include:

- C.P.R.
- first aid
- non-violent crisis intervention
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

4.2 Participation and successful completion are documented.

5.0 There is an evaluation of the professional development activities.

5.1 Mechanisms for evaluation may include:

- participant feedback
- learning curve testing (pre and post testing)
- performance assessments
- cost-effectiveness analysis

PHYSICAL STRUCTURE/PLANT STANDARDS

PREAMBLE

It is understood that the ability of some Services to comply with the standards outlined in this section is limited, based on existing facilities.

The needs of the withdrawal management service will vary according to the needs of the individual Service.

Some sections of the following Physical Structure/Plant standards are only relevant to development of new facilities or structural renovations of current facilities.

1. It is expected that all Withdrawal Management Centres will meet Provincial and local codes, standards and/or by-laws.
2. It is expected that all Withdrawal Management Centres are functional and will address the physical aspects of the scope of service and are designed according to client-centered principles (e.g., privacy, respect, safety).
3. A first priority in the planning of a Withdrawal Management Centre is to ensure the health and safety of clients, staff and visitors to the Service.

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA I

Initial Planning Process

Residential WMS

1.0 Any plans for a new or renovated Withdrawal Management facility will be developed in consultation with key stakeholders.

1.1 Key stakeholders include:

- local/regional planning committees
- addiction and mental health community partners
- direct care givers – front-line staff
- Advisory Committee members
- Sponsoring Hospital/Agency
- Local Health Integrated Network
- Ministry Of Health and Long-Term Care
- consumers
- architects/engineers/Fire Marshals/Health Inspectors and other relevant consultants
- others as deemed relevant

2.0 Location of the facility within the community is a primary consideration.

2.1 The following is addressed:

- access for those with physical challenges and other special needs
- accessibility based on local and/or other transportation services
- external space to facilitate client comfort and leisure activities
- easy access to emergency/medical services
- location, in terms of utilization, by all socio-economic groups

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA II

Physical Space – Client

Residential WMS

1.0 Every facility will have the following designated client areas:

- **assessment/intake**
- **observation with appropriate amenities**
- **lounge(s)**
- **dining area**
- **bedrooms**
- **bathrooms with bathtub(s) and shower(s)**
- **group/family room**
- **telephone area**

1.1 There is private interview space for clients in:

- the intake area
- the residential area

2.0 The following client areas are considered:

- **separate TV room**
- **library/quiet room**
- **designated visiting room with adjacent washroom**
- **exercise room**
- **patio/garden**
- **medical examining/treatment room**
- **medication room (secured)**
- **recreation area**

2.1 There is consideration given to a parent/child suite in any new facility.

2.2 There is consideration given to accommodations for transgendered clients, especially regarding privacy, dignity and safety issues.

3.0 In co-ed facilities there are separate and secure observation, bedrooms, dining and lounge areas and bathroom facilities to ensure client privacy and safety.

4.0 Services that deliver auricular acupuncture on-site will adhere to safety and hygiene requirements (e.g., non-carpeted flooring, flexible lighting and appropriate seating space).

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA III

Physical Space – Staff

Residential WMS

1.0 Every facility will have the following designated staff areas:

- **working area which will allow for privacy and observation of clients**
- **staff washroom**
- **multi-purpose room for staff**
- **other functional spaces as determined by the scope of the Service**

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA IV

Physical Space – Administration/Support

Residential WMS

1.0 Every facility will have the following designated administration/support areas.

1.1 Administration

- director's/manager's office
- supervisor's/coordinator's office
- clerical workspace
- office equipment room/area (e.g., fax/photocopier, printer/scanner)
- office/stationary storage
- secure client records/file storage (i.e., meet clinical records standards)
- waiting area
- multi-purpose boardroom/meeting areas
- parking

1.2 Support (some areas may be considered as secure and locked)

- mechanical room
- chemical storage
- laundry room
- medication room
- kitchen
- waste management room (inside or outside)
- linen/supply room
- food storage
- client lockers
- janitorial room
- garden/tool shed

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA V

Environment

Residential WMS

1.0 The environment includes air quality, lighting, temperature, soundproofing, aesthetics and physical space.

1.1 Physical Space

- will take into account the scope of the service provided, the function of the program, client/staff needs including privacy and confidentiality

i.e., a minimum expectation/standard should be:

- ◆ 450 square feet per bed
- ◆ 225 square feet per admission/observation bed

Formula: the number of observation beds x 225 + number of beds x 450 = the minimum net square feet for the total building space

1.2 Air Quality

- will address bacteria and level of mould in the air, allergens, odours, circulation, other occupational health issues, level of humidity and any other relevant items

1.3 Lighting

- will address level of natural lighting as well as artificial lighting – the latter must give consideration to shift work, clients prone to seizures, the need for a calm environment, the need for individual area control and cost effectiveness
- will address emergency lighting needs taking scope of service into consideration

1.4 Communication

- will address emergency telephone needs taking scope of service into consideration
- will address secure networking with the sponsoring hospital/agency
- will address appropriate internal communication equipment (e.g., intercom system between floors and/or sections)

1.5 Temperature

- will address heat and cooling issues, need for individual room control and comfort

1.6 Sound Proofing

- will address minimal sound transfer from one area to another in order to provide privacy and minimize noise disruption to client care

1.7 Aesthetics

- addresses items such as colour schemes (i.e., some colours more calming than others), furniture (e.g., durability, comfort, ability to clean and disinfect) and choice of materials



SECTION II – COMMUNITY WITHDRAWAL MANAGEMENT SERVICES

The Ontario Withdrawal Management Standards 2008

ADMINISTRATIVE STANDARDS

GOVERNING BODY

STANDARD AREA I

Governance

Community WMS

- 1.0** It is understood that there will be a clearly defined governing body as defined by a service agreement¹ between the Local Health Integrated Network (LHIN) / Ministry of Health and Long-Term Care (MOHLTC) and the sponsoring hospital/agency.

¹ Service agreement may be identified by another name depending on the language determined by the LHIN's. (e.g. accountability agreement)

ADMINISTRATIVE STANDARDS ADVISORY COMMITTEE

STANDARD AREA I

Organization and Direction

Community WMS

The Advisory Committee² provides advice to the management of the Service, the sponsoring hospital/agency and its Board of Directors, or other governing body. It's purpose is to: advise on policies/directions for mental health and/or addiction services, represent the interests of clients and families, develop and maintain effective communication with the community, promote partnerships, community awareness and understanding of addiction and/or mental health issues.

- 1.0 The Service has an Advisory Committee. In some communities Withdrawal Management Services may be part of joint Advisory Committees.**
- 2.0 The role, function and structure of the Advisory Committee are clearly defined in a written statement consistent with the directives of the LHIN/MOHLTC.**
- 3.0 The membership of the Advisory Committee is a balanced representation of the community served.**
 - 3.1 Members are chosen for:
 - their expertise in addiction and mental health services
 - their links with other relevant community services
 - their ability to represent the interests of clients and their families and the community
 - any other expertise required to advise on addiction and mental health services
 - 3.2 The membership will also include:
 - families
 - consumers
 - and the public at large
 - 3.3 A list of members specifying their affiliations, dates of appointment, and length of tenure will be readily available to interested parties.

² Depending on the structure of the service this could refer to Advisory Committee and/or Board.

4.0 Orientation for new Advisory Committee members is documented.

5.0 The frequency of the Advisory Committee meetings is consistent with the directives of the LHIN/MOHLTC.

6.0 The Advisory Committee is organized to function effectively.

6.1 This is achieved by:

- having terms of reference with clearly defined goals and objectives
- recording of minutes that reflect the deliberations of the committee and signed by the Chairperson
- meeting at regularly stated intervals
- determining criteria for content and frequency of reports from the Service

7.0 There are mechanisms in place for the recruitment, appointment, election, tenure, re-appointment, re-election and retirement of members of the Advisory Committee.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA I

Statement of Collaboration

Community WMS

- 1.0 The Service has evidence of collaboration with the LHIN/MOHLTC through submission of an annual operating plan³.**

³ Operating plan may be identified by another name depending on the language determined by the LHIN's.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA II

Service Agreement

Community WMS

Funding Agreement

- 1.0 A Service Agreement is established between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.**
- 2.0 The Service Agreement is reviewed annually and revisions are made as necessary and a copy is retained in the Service.**

Partnership Agreements

- 1.0 Additional formal service agreements may be established between the Service and community partners.**
 - 1.1 The service agreements will be clearly defined in a written statement.
 - 1.2 The service agreements will be reviewed annually or as defined in the agreement and revisions will be made, as necessary.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA III

Mandate, Philosophy and Vision

Community WMS

1.0 Management is responsible for the development of clearly articulated Philosophy, Vision and Mandate statements.

1.1 The mandate is defined by the LHIN/MOHLTC in the Service Agreement.

1.2 Management is responsible for clarifying any discrepancies with the Philosophy, Vision and Mandate statements between the sponsoring hospital, partner agencies and the service provider/agency.

2.0 Management is responsible for review and revisions of these statements.

3.0 Management is responsible for ensuring that the above statements are made available, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IV

Mission, Goals and Objectives

Community WMS

- 1.0 Management is responsible to ensure that there is a current and relevant Mission Statement which is:**
- reviewed annually and revised, as necessary
 - available to all Service staff and clients
 - in alignment with the mission of the sponsoring hospital/agency
- 2.0 Management is responsible for the development of a set of identified program goals.**
- 2.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified program goals.
- 3.0 Management is responsible for the development of a set of identified client goals.**
- 3.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified client goals.
- 4.0 Management is responsible for the development of administrative goals on an annual basis.**
- 4.1 Management is responsible for service objectives that are clear, measurable and have appropriate time lines to meet the established administrative goals.
- 5.0 Management is responsible for the development of an evaluative tool (e.g., a Logic Model).**

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA V

Organization and Direction

Community WMS

Management, in collaboration with the sponsoring hospital/agency, ensures efficient and effective delivery of services.

1.0 There is an organizational structure in place to support the efficient and effective management of the Service.

- 1.1 There is an organizational chart which:
- provides a clear representation of the structure and reporting relationships of the Service
 - is available to all staff
 - is available to interested parties

1.2 The organizational chart is revised, as required.

2.0 There are clearly defined principle functions of management to ensure appropriate delivery of services through planning, development, implementation and evaluation, as well as research when opportunities arise.

- 2.1 Management functions include:
- Human Resources
 - Program Development
 - Financial Management
 - Facilities Management
 - Public Relations and Communications

2.2 Statement of Principle Functions is revised on an as needed basis.

3.0 There is evidence that the principle functions of management are implemented within the Service.

- 3.1 Evidence of implementation may include:
- mechanisms for developing and enhancing positive staff morale and labour relations
 - effective mechanisms for staff feedback and involvement
 - client surveys

- efficient and effective utilization of resources
- management outcome reports
- program evaluations
- mechanisms to measure outcomes which demonstrate improvements to service provision
- formal information links with relevant community agencies
- team approaches to client management
- incident reports

4.0 Management establishes criteria and mechanisms for program development within the Service.

4.1 Criteria for service development includes:

- consistency with the mission of the organization
- consistency with the strategic plan of the organization
- a clear, concise definition of what is proposed
- justification for the proposal
- resources required
- effect on existing program and support services
- effect on existing health care services and programs within the community
- other regional planning activities
- financial and human resources
- consultation with the Addiction and Mental Health Committees of the LHIN's, Advisory Committee and/or other local planning bodies

5.0 Management ensures the responsible use of resources when implementing new or expanded programs.

5.1 Management ensures that the development of new programs includes:

- consultation with the local addiction and mental health planning bodies
- assessment of the impact on internal and/or community programs/services
- determination that the resources are available.

6.0 Management will maintain effective communication and problem solving mechanisms between the Service and relevant partners of the sponsoring hospital/agency, consumers, Advisory Committee and other stakeholders.

- 6.1 Mechanisms to facilitate communication and problem solving may include:
- consumer surveys
 - regular staff meetings
 - meetings with and defined reporting relationships between management and Senior Management team of the sponsoring hospital/agency and the Advisory Committee
 - newsletters
 - memos outlining changes in process
 - web-site development
 - meetings with local community Addiction and Mental Health partners on a regular basis, as established in their terms of reference
 - meetings with other community partners on an as needed basis

7.0 Management ensures there are mechanisms to communicate the Service’s mission, philosophy, standards and policy/procedures to staff, clients and the community it serves.

- 7.1 Mechanisms may include:
- mission and philosophy statements that are readily available for viewing
 - client guidelines/handbooks
 - staff/volunteer orientation and ongoing development processes
 - distribution of annual report
 - meeting/presentations with community groups
 - presentations to educational institutions
 - use of media
 - information brochures that are widely distributed
 - orientation tours as appropriate
 - web-site development

8.0 There are mechanisms in place to evaluate the performance of management staff.

- 8.1 Mechanisms will include:
- performance appraisals
 - operational reviews
 - program review

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA VI

Regulations, Agreements, Policies and Procedures

Community WMS

Management ensures service compliance with laws, regulations and agreements. Management implements the policies and procedures of the sponsoring hospital/agency. Management develops, revises and implements policies and procedures for the effective operation of the Service.

- 1.0 Management ensures all reasonable steps are taken to provide for service compliance with applicable federal, provincial and municipal laws/by-laws and regulations.**
- 1.1 Management receives, reviews and acts upon reports on compliance with federal, provincial and municipal by-laws and regulations including those related to:
- quality management
 - professional standards
 - risk management (e.g., fire codes, occupational health and safety requirements, informed consent, public health codes, coroner's recommendations, Ministry of Labour)
 - utilization review
 - client rights
 - child protection
 - protection of personal health information
 - access to service as per LHIN/MOHLTC directives
- 2.0 Management ensures that affiliation agreements between educational institutions and sponsoring hospital/agency are current.**
- 2.1 In the development of the agreement within the Service, management will collaborate with teaching staff and student placement officers regarding appropriate terms of the agreement.
- 2.2 Management regularly negotiates the appropriate placement of students to be accepted in the Service.

3.0 Legal authority for contracts or agreements is determined between the sponsoring hospital/agency and management of the Service.

3.1 The sponsoring hospital/agency has the right to determine the terms and conditions of written agreements/contracts.

4.0 Management ensures that the relevant policies and procedures of the sponsoring hospital/agency are implemented.

4.1 The relevant policies and procedures of the sponsoring hospital/agency are available to and reviewed annually by all staff and evidence of compliance is documented upon completion.

4.2 New and revised policies and procedures of the sponsoring hospital/agency are reviewed by all staff and evidence of compliance is documented upon completion.

5.0 Management is responsible for the development and implementation of operational policies and procedures for the Service.

5.2 The Service's operational policies are in alignment with those of the sponsoring hospital/agency or the by-laws of the governing body and are specific to the Service.

5.3 The administrative or management policies and procedures of the sponsoring hospital/agency supercede the policies and procedures of the Service unless otherwise indicated.

5.3 The operational policies will include, at a minimum, the policies as listed in the Program Standards, Standard Area VI – Program Manual.

5.4 Management reviews policies annually and makes revisions and/or additions as the need arises. Staff/volunteer participation will be sought and encouraged.

5.5 Staff/volunteers review policies and procedures annually and evidence of compliance will be documented upon completion.

5.6 New and revised service policies and procedures are reviewed by all staff and incorporated into the Policy and Procedure Manual of the Service and evidence of compliance will be documented upon completion.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA VII

Partnerships and Linkages

Community WMS

Management ensures the development of appropriate partnerships and linkages with community agencies and other service providers.

- 1.0 Management of Withdrawal Management Services are expected to develop partnerships with as many services as necessary, to ensure the most comprehensive and seamless treatment experience possible for clients.**

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA VIII

Financial Management

Community WMS

Management ensures the efficient and effective use of the financial resources of the Service.

1.0 Management prepares the annual operating budget/plan in collaboration with the sponsoring hospital/agency, Advisory Committee and in accordance with the requirements of the LHIN/MOHLTC.

- 1.1 In preparing the budget, consideration is given to:
- resources of the Service (e.g., equipment, volunteers, physical space)
 - the mission, goals and objectives
 - the operating plan
 - the operating budget
 - Management Information System (MIS)

2.0 Management implements and monitors the annual operating budget.

- 2.1 Mechanisms for monitoring the budget include:
- regular analysis of statements and reports
 - consultations with the appropriate financial officer in the sponsoring hospital/agency to forecast surplus or deficit situations on a schedule mutually determined

3.0 An annual audit of the financial operations is performed in accordance with the requirements of the LHIN/MOHLTC or any other funding body.

4.0 Management implements the recommendations made in the financial audit/report as instructed by the sponsoring hospital/agency.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IX

Human Resources Management

Community WMS

The Service has competent, ethical and qualified staff to provide the services essential to the achievement of its mission, goals and objectives.

1.0 Staffing patterns are set according to the level of staffing negotiated with the LHIN/MOHLTC, the needs of the individual Service and available resources.

1.1 Staff complement for home withdrawal management will be determined by a careful assessment of the risks/potential for risk in the home. A two-member team (with at least one service staff) will be required if reliable communication methods to call for help are not available and/or response time for assistance is likely to be lengthy or unpredictable.

1.2 Staffing levels for community withdrawal management services offered in locations other than the client's home will be determined by an assessment of the circumstances, safety and location of the client.

1.3 All services provided to women will be attended by at least one female staff

2.0 The policies and procedures established by the sponsoring hospital/agency for recruitment, hiring and retention of staff are followed by the management of the Service.

3.0 The policies and procedures established by the sponsoring hospital/agency to ensure verification of the credentials of staff, volunteers and consultants are followed by the management of the Service.

4.0 Position descriptions for all job classifications are in alignment with those of the sponsoring hospital/agency.

4.1 The position descriptions are revised as necessary, reviewed annually and dated accordingly.

5.0 There are position descriptions for all staff employed under a purchase of service agreement from the sponsoring hospital/agency.

5.1 The position descriptions are written by the department from which the service is purchased.

5.2 A copy of these position descriptions is readily available to all relevant personnel.

6.0 The sponsoring hospital/agency is responsible for current human resource policies and procedures.

6.1 Management ensures the implementation of these policies and procedures.

7.0 All staff/volunteers receive a written evaluation of his/her performance at the completion of the probationary period, annually thereafter or as defined by the sponsoring hospital/agency.

7.1 The Service will meet the criteria for the evaluation as directed by the sponsoring hospital/agency.

7.2 The Service will follow the mechanisms for evaluation of staff as directed by the sponsoring hospital/agency. Mechanisms may include:

- self-appraisals
- peer reviews
- performance appraisals
- review of goals between appraisals
- informal feedback
- formal documentation
- staff education and learning plan

7.3 The evaluation is reviewed, signed and maintained according to the practice of the sponsoring hospital/agency.

7.4 There is provision for the staff/volunteer member to receive a copy of the evaluation.

8.0 There is an orientation of the Service to management, staff, students, Advisory Committee members and volunteers.

8.1 The Orientation includes:

- mission and purpose of the Service
- goals and objectives
- standards of practice

- operational policies and procedures
- services provided
- clients' rights and responsibilities
- structure of the Service
- performance expectations
- relevant legislation
- Occupational Health and Safety requirements
- Employee Assistance Program
- Quality Management Program
- utilization review activities
- risk management activities
- funding agency
- relationship with the community
- any other areas as identified by the sponsoring hospital/agency

8.2 The orientation is completed in a timely manner.

8.3 The orientation to the Service will be documented upon completion.

9.0 There is a professional development program in place for management and staff.

9.1 Professional development provides the knowledge and skills required to assist management and staff in attaining and maintaining competency in their current positions as demands of these roles evolve.

9.2 The professional development plan assists management and staff in pursuing professional interests related to their scope of practice and in preparing for current and future changes in practice, in accordance with the mission and mandate of the Service.

9.3 The professional development/education plan addresses current policies and procedures, as well as needs identified through:

- staff needs assessments
- client surveys
- performance evaluations
- quality management activities
- utilization review activities
- occupational health and safety activities
- risk management activities
- technological change
- new directions within the disciplines/Service
- current and emerging trends
- meetings or seminars relevant to service functions

- opportunities to assist in identifying educational needs
- opportunities to review relevant literature
- self-directed learning
- best practices
- evidence-based guidelines
- research

9.4 Participation in professional development/education activities will be documented upon completion.

10.0 There is an ongoing training and development program for volunteers relevant to their duties and responsibilities.

11.0 Management, staff and volunteers evaluate the orientation and ongoing professional development/continuing education program.

11.1 Mechanisms for evaluation may include:

- participant feedback (e.g., questionnaires/surveys)
- performance assessments

12.0 There are written goals and objectives for all volunteers and students who are on placement in the Service.

12.1 The goals:

- support and contribute to the goals of the Service
- are established prior to the volunteer/student participating in any activities within the Service

12.2 The objectives:

- are specific steps taken to achieve the identified goals
- are realistic and measurable
- include action plans that are reviewed with key stakeholders responsible for the placement
- are monitored to determine if they are being achieved

13.0 Management promotes a positive work environment and the well being of staff and volunteers.

13.1 There is a process to assign staff and volunteers to client and other responsibilities in a fair and equitable manner.

13.2 Staff and volunteers have the opportunity to provide input on their work and job design.

- 13.3 Staff and volunteers have access to position descriptions.
- 13.4 Staff and volunteers know their roles and responsibilities.
- 13.5 Staff and volunteers are respected and recognized by management for their contributions.
- 13.6 Management is responsible for providing a safe environment for staff and volunteers.
- 13.7 Staff and volunteers have access to supports to cope with stressors and other issues.
- 13.8 Management regularly evaluates the effectiveness of staffing and makes changes as appropriate.

14.0 Management promotes and supports an environment that fosters a positive culture among staff and volunteers.

- 14.1 Management will encourage development of team goals, innovation and autonomy.
- 14.2 Management will support and empower staff and volunteers to achieve team goals and objectives.

15.0 There is support for student placements in the Service.

- 15.1 There is an opportunity for placement of students from addiction, mental health and other relevant educational programs within the Service.
- 15.2 A mechanism to provide supervision, support and evaluation for students on placements is in place.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA X

Quality Management

Community WMS

Quality management is developed and implemented by the management of the Service in collaboration with the sponsoring hospital/agency.

1.0 Management ensures implementation of the quality management plan within the Service.

- 1.1 Management monitors, evaluates and reports on those issues identified.
- 1.2 Management identifies and acts upon opportunities to continually improve the services provided.
- 1.3 The methods used to improve these services include, but are not limited to:
 - developing quality indicators
 - assessing
 - planning
 - implementing
 - evaluating
 - reporting
- 1.4 Management ensures that required statistical information is collected and readily available.

2.0 Management reports on formal and informal quality management activities, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XI

Utilization Review

Community WMS

Management develops, implements and reports on utilization review activities specific to the Service in collaboration with the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Management reports on utilization review activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 The utilization review, specific to the Service, will include:
- duration of stay in the Service
 - admissions and re-admissions
 - client population by age, gender and substance of choice
 - the number of visits/contacts
- 1.2 The report on utilization review activities is in a standard reporting format for communication to the Advisory Committee and sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA XII

Risk Management

Community WMS

Management develops, implements and reports on risk management activities specific to the Service in collaboration with the sponsoring hospital/agency.

1.0 Management reports on risk management activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 Risk management activities specific to the Service include:
- the prevention, identification and assessment of risks
 - required actions to manage risks to clients, staff/volunteers, property, finances and reputation of the Service
 - evaluation of risk management activities
- 1.2 The report on risk management activities will be in a standard format for communication to the sponsoring hospital/agency and Advisory Committee.

2.0 Management monitors and evaluates the risk management program.

- 2.1 Management ensures that actions are taken to minimize potential risks.
- 2.2 Management ensures that the risk management program is effective in reducing risks to clients, staff/volunteers and the property.
- 2.2 Management consults and collaborates with risk management personnel from the sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA XIII

Occupational Health and Safety

Community WMS

Withdrawal Management Services ensures the health and safety of clients, staff/volunteers and the public and is prepared for disaster and emergency situations.

1.0 Management implements the policies and procedures identified as necessary by the sponsoring hospital/agency.

1.1 These will include:

- health and safety activities
- disaster and emergency preparedness
- infection control activities
- Workplace Hazardous Materials Information System (WHMIS)
- security measures
- Occupational Health and Safety Committee
- Occupational Health and Safety inspections
- management of allergens
- safe storage of chemicals
- the responsibility of staff members and volunteers for taking reasonable care to protect the health and safety of themselves, other staff, clients and the public
- a preventative maintenance program
- formal reports of incidents and accidents
- wellness activities
- the safe location of anti-bacterial hand washes containing alcohol

1.2 There is a mechanism in place to facilitate communication and consultation between the Service and sponsoring hospital/agency regarding identified issues/areas of concern.

1.3 Staff are trained to identify, reduce, manage and report risk.

- 1.4 There will be Health and Safety policies and procedures/safety plan that reflects the uniqueness of the Service and minimally includes:
- telephone screening prior to making the home visit to determine safety to deliver service in a community setting, access to the “community site” and safety of the environment
 - safe parking procedures upon arrival
 - completion of a Home Environment Assessment (*see Appendix VII for a sample form*) upon arrival
 - care and transport of client files in a community setting
 - communication strategies and travel directives (i.e., vehicular issues, first aid and emergency kits, winter preparedness)

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA XIV

Providing Safe and Appropriate Services

Community WMS

1.0 Management ensures implementation of policies, procedures and/or protocols which address optimal care and protection of the rights of the clients.

1.1 This will be achieved by:

- hiring competent, ethical and qualified staff
- maintaining accessible and comprehensive clinical records
- ensuring client's right to confidentiality
- ensuring secure storage of client information
- ensuring requirements are met for disclosure of client information
- establishing a statement of client rights and responsibilities
- establishing a Code of Ethics to guide the provision of service
- establishing policies on reporting child protection issues
- having an open, safe and transparent complaint process for clients and families to raise issues or concerns
- establishing a process to handle conflicts of interest and dispute resolution
- establishing a process to address ethics/boundary related issues
- having a process to educate the client regarding the elements of informed consent
- having a process to educate the client, and when appropriate, in-home support provider(s) and the family/significant others regarding treatment options and the expected results of treatment and/or the potential consequences of declining treatment
- having a documented process to verify that the client, and when appropriate, in-home support provider(s) and the family/significant others understand information provided by the Service
- having a process to ensure the involvement of the client in the planning of their care
- having a process to provide a safe environment
- ensuring accessibility of service to clients who meet admission criteria

2.0 A statement of the client rights and responsibilities will be made readily available to interested parties.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XV

Best Practices

Community WMS:

- 1.0 Management uses the latest research, evidence-based guidelines, and best practice information to assess and improve the quality of its services.**
 - 1.1 Management utilizes available research and best practice resources, including those utilized in the development of the Ontario Provincial Standards for Withdrawal Management Services.
 - 1.2 Management utilizes the Ontario Provincial Standards for Withdrawal Management Services to provide direction in the development of policies and procedures.
- 2.0 Management will keep up-to-date with the current and emerging local trends of substance use, to better meet the needs of the community served.**
- 3.0 Management will keep current with emerging and evolving innovations in Addictions and the Withdrawal Management Sector. After consultation with key stakeholders, management will implement appropriate innovations that meet local needs when resources are available.**

PROGRAM STANDARDS

STANDARD AREA I

Mandate, Philosophy and Vision

Community WMS

The Service has clearly articulated statements of Mandate, Philosophy and Vision.

1.0 Management is responsible for clearly identifying the Service mandate as outlined in the Service Agreement.

1.1 The Mandate Statement will contain specific services, as identified by LHIN/MOHLTC, Advisory Committee and/or other key stakeholders, including:

- Community Withdrawal Management Services
- Pre-treatment
- Aftercare/Follow-up
- Harm Reduction
- Outreach
- Early Intervention
- Case Management
- Standardized Assessments
- Auricular Acupuncture
- Smoking Cessation
- Other categories of WMS provided by the Service
- Partnerships with Residential Withdrawal Management

1.2 The statement is readily available to interested parties, as required.

1.3 The statement is reflected in the Service's Standards of Care.

2.0 Management is responsible for developing Statements of Philosophy and Vision that are clearly articulated.

2.1 The above statements are:

- posted in the service
- available to interested parties, as required

2.2 The above statements are reflected in the Service's Standards of Care.

PROGRAM STANDARDS

STANDARD AREA II

Service Agreement

Community WMS

Funding Agreement

- 1.0 Management of the Service will implement the programs mandated in the Service Agreement between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.
- 2.0 Management of the Service will implement revisions/changes identified in the annual review of the Mandate.
- 3.0 Management of the Service will communicate revisions/changes of the Mandate to:
 - Advisory Committee
 - Service Staff
 - Community at Large

Partnership Agreements

- 1.0 Management of the Service may establish formal service agreements with community partners to facilitate service delivery to clients.
- 2.0 Management of the Service will implement strategies defined in agreements with community partners.
- 3.0 Management of the Service will communicate agreements with community partners to:
 - Advisory Committee
 - Service Staff

PROGRAM STANDARDS

STANDARD AREA III

Mission, Goals and Objectives

Community WMS

1.0 The Service has a Mission Statement that is in alignment with the Mission Statement of the sponsoring hospital/agency.

2.0 The Service has identified program goals.

2.1 Goals which are common to all Community Withdrawal Management Services include:

- a partnership agreement to provide 24-hour access to safe withdrawal management by residential Withdrawal Management Centres/Services
- providing telephone support as the need arises during regular hours of service
- access to community withdrawal management services may vary dependant on service capability
- responding to the needs of the clients in a welcoming, non-judgemental, respectful manner
- having policies and procedures which address all components of the Service and which meet legal requirements, including confidentiality and privacy of health information
- serving as a link to other categories of withdrawal management services, as required and where available
- serving as a link to ongoing treatment services
- remaining current and recognizing the needs of the client population and the local community
- maintaining a data collection system that meets provincial and local requirements, supports program evaluation and research needs and identifies changing trends in the client population
- having a process for ongoing client feedback, evaluation and appropriate response
- education of in-home support provider(s)
 - assisting clients to access services to address any presenting co-occurring addictions (e.g., gambling)
 - assisting clients to address their concurrent disorders

- 2.2 Goals specific to the individual Community Withdrawal Management Service includes:
- consideration of the specific needs of the community served and client population as a means of being inclusive, accessible and diverse (e.g. cultural, geographical and gender-specific)
 - assisting in the coordination of tapering regimens with family physicians

3.0 The Service has identified client goals.

- 3.1 Goals common to all community withdrawal management service clients include:
- access to a safe/supportive environment, if the home environment does not meet this criteria
 - withdrawing from substances
 - identifying clients' strengths and needs
 - completing withdrawal
 - involving clients in identifying their needs, developing individual care and discharge plans and appropriate referrals
- 3.2 Specific client goals are individualized according to identified needs and are documented in the client plan of care.

4.0 The Service has clearly defined objectives.

- 4.1 The objectives are the means by which the identified common and specific service goals are achieved.

5.0 The Service has clearly defined client objectives.

- 5.1 The objectives are the means by which the identified common client goals are achieved.

6.0 The Service has a mapping tool that addresses all services provided and facilitates evaluation (e.g., Logic Model).

- 6.1 The tool used will contain common core components mandated to Withdrawal Management Services including:
- Crisis Intervention
 - Entry Services (Information, Screening and Intake)
 - Initial and Ongoing Assessment
 - Withdrawal Management
 - Intoxication Management
 - Supportive and Educational Counselling
 - Education of In-Home Support Provider(s)

- Discharge Planning
- Community Education
- Implementation of Standardized Provincial Assessment Tools
- Medication tapering
- Referrals

PROGRAM STANDARDS

STANDARD AREA IV

Program Activity Information System

Community WMS

- 1.0 The Service has a system for collecting accurate, aggregate data in a format that permits data retrieval and analysis for the purpose of description, service planning, program planning and research.**
 - 1.1 Participation in the data collection system established by the LHIN/MOHLTC and/or the sponsoring hospital/agency is mandatory.

PROGRAM STANDARDS

STANDARD AREA V

Program Reporting

Community WMS

- 1.0 Reporting is a requirement set by the LHIN/MOHLTC, the sponsoring hospital/agency and/or requested by the Advisory Committee or required by the individual service for effective internal communications.**
- 1.1 The schedules and content of the reports are determined by the individual bodies.
 - 1.2 Reports are completed, as required.
 - 1.3 Reports are submitted on time.
 - 1.4 Reports are compliant with the Personal Health Information Protection Act (PHIPA).
 - 1.5 Recommendations offered in response to the reports are acted upon within the determined time frame.
 - 1.6 The integrity of the data is assured.

PROGRAM STANDARDS

Community WMS

1.0 There is a service policy and procedure manual retained in the Service and available to all staff. This manual is a supplement to and in alignment with the sponsoring hospital/agency policy and procedure manual and is specific to the Service and is reflective of the provincial withdrawal management services standards.

1.1 The manual includes, but is not limited to, the following sections:

- Index
- Administration
 - ◆ Mission/Philosophy/Vision/Values
 - ◆ Service Agreements
 - ◆ Organizational Chart
 - ◆ goals and objectives
 - ◆ client complaint procedure
 - ◆ monitoring and evaluation of policies and procedures
- Human Resources
 - ◆ recruitment, hiring and retention
 - ◆ position descriptions
 - ◆ staff training and development
 - ◆ qualifications
 - ◆ volunteer program, if applicable
 - ◆ performance review
 - ◆ professional boundaries, ethics and conflict of interest
 - ◆ conflict and dispute resolution
- Occupational Health and Safety
 - ◆ Workplace Hazardous Materials Information System (WHMIS)
 - ◆ emergency procedures
 - ◆ incident reporting
 - ◆ staff safety
- Risk Management
 - ◆ infection control
 - ◆ client and volunteer safety
 - ◆ liability issues
 - ◆ transportation
 - ◆ reporting of child abuse and neglect
 - ◆ policy for police reporting

- ◆ incident reporting
 - ◆ confidentiality
- Operational Procedures
 - ◆ Drug and Alcohol Treatment Information System (DATIS)
 - ◆ Management Information System (MIS)
 - ◆ records and accountabilities
 - ◆ media relations/communication plan
- Client Care
 - ◆ client guidelines
 - ◆ medications
 - ◆ admission and discharge criteria
 - ◆ admission and discharge policies
 - ◆ policy on involvement of client, and when appropriate, family/significant others
 - ◆ policy on informed consent and substitute decision makers
 - ◆ waiting list policies
- Client Records
 - ◆ care, storage and retention
 - ◆ format, frequency and content of recordings
 - ◆ transport of records for off-site withdrawal management services
 - ◆ maintaining an integrated client record
 - ◆ confidentiality (compliant with PHIPA)

PROGRAM STANDARDS

STANDARD AREA VII

Client Records

Community WMS

The format for client records are determined by the Service, the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Client information is accurate, accessible, up-to-date and secure. This will be ensured by:

- staff maintaining an accurate and up-to-date record for each client
- staff meeting applicable legislation for protecting the privacy and confidentiality of client information
- appropriate staff having timely access to client information
- staff sharing client information and coordinating its flow within the Circle of Care (PHIPA)
- staff sharing client information and coordinating its flow with other care teams and/or organizations, as appropriate and required, ensuring informed consent is obtained

2.0 Admission documents contain:

- personal data (e.g., name, current address and phone number, gender, age, relationship status, occupation)
- name, address and phone number of contact person in case of emergency (e.g., parent, spouse, significant other)
- name, address and phone number of the family physician
- name, address and phone number of other professional(s) or community services involved with the client
- name and telephone number of referral source and relationship to client
- presenting issues
- history of current and past substance use
- relevant medical/medication information and/or problems
- possibility of pregnancy, when appropriate
- care of minor children, when appropriate
- living situation (e.g., no fixed address, on own, with family/significant other, group home, hospital)
- home address prior to entry into service
- a record of home environment assessment for community withdrawal management visits
- a record of availability of in-home support provider(s)
- relevant legal information

- previous and current utilization of addiction or mental health services and frequency and duration of hospital stays
- language(s) spoken or understood
- literacy issues, if identified
- personal risk (e.g., environmental, health, social)
- issues with safety of minor children in the home

3.0 The process document contains all relevant information pertaining to the clients while under active care of the Service.

3.1 This includes:

- individual plan of care for each client
- a record of services utilized by the client, including dates (e.g., progress notes, group participation record)
- a record of activities undertaken by the client (e.g., self-help, court appearance)
- a record of case conferences as related to the individual client
- attendance and/or compliance with plan of care
- referrals made
- referrals accepted
- medication record
- record of consent to service by the client
- record of consent of the in-home support provider(s) to provide monitoring and support
- record of education provided to client, and when appropriate, in-home support provider(s) and family/significant others as it relates to:
 - ◆ informed consent
 - ◆ confidentiality and limitations
 - ◆ treatment options offered and the explanation of expected results of treatment and/or potential consequences of declining treatment offered
 - ◆ client involvement in the planning of their care
 - ◆ in-home support provider(s) involvement in the care to be provided
- a record of informing clients about the process for registering a complaint
- a response to requests for access to health records
- release of information authorizations and informed consents
- updating of the information contained in the intake document, as necessary
- record of all clinical interventions

4.0 Discharge Document contains:

- date and time of discharge from the service
- a general evaluation of client status at time of discharge as it relates to client objectives and their related criteria
- discharge summary (e.g., service completed, withdrawal from service, change of residence, service refusal, referrals accepted at time of discharge, summary of services utilized while with the service)
- forwarding address of client, if different from admitting address
- update on information contained in the intake document, as necessary

5.0 Post discharge follow-up is contained within the client record.

6.0 Multifunctional services will maintain an integrated client record.

7.0 The Service has clearly defined standards for documenting which will outline the format, content and frequency.

7.1 The format, content and frequency are determined collaboratively between the Service and the sponsoring hospital/agency.

8.0 The client record is either filed with an existing client record or is readily accessible if filed separately.

PROGRAM STANDARDS

STANDARD AREA VIII

Quality Monitoring

Community WMS

The Service has a process for establishing quality indicators and utilizes the findings to make improvements. The process is in alignment with the requirements of the sponsoring hospital/agency and LHIN/MOHLTC.

1.0 The Service uses the latest research, evidence-based guidelines and best practice information to improve the quality of its services.

2.0 The process includes:

- assigning responsibility
- identifying indicators of quality for important processes, functions and outcomes
- establishing criteria for acceptable performance for each indicator
- collecting and analyzing data
- where appropriate, taking action to improve performance
- where appropriate, reviewing the effectiveness of corrective action
- reporting

3.0 Quality indicators common to all Services include:

- utilization data
- client surveys
- referral source surveys
- withdrawal completion data
- incident/accident reports
- referrals to other resources

4.0 The Service develops individual quality indicators specific to the services provided.

PROGRAM STANDARDS

STANDARD IX

Medication

PREAMBLE

All standards are intended to be baselines upon which local policies and procedures are developed. In no way do they replace the need for service policies and procedures. These medication standards are general in nature, yet prescriptive enough to point to a quality of care that all Withdrawal Management Services should be working towards in order to be client-centred and responsive to current and emerging client needs.

Due to the sensitive and often complex nature of medication issues, policies and procedures will be, in part, dictated by such variables as human resources, proximity to medical and pharmaceutical services, physical layout of the facility, geographical area, the policies and procedures of the sponsoring agency and fiscal resources. Client variables that may influence decisions regarding medication accessibility for clients would include age, physical condition, client drug(s) of choice, and ability to pay for medications. The decisions affected by this second set of variables are generally made on a case by case basis.

PROGRAM STANDARDS

STANDARDS AREA IX

Medication

Community WMS

Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, legal requirements and follow prudent risk management practices.

1.0 The following guidelines are based on collaboration with experts in addiction medicine and Withdrawal Management Services.

1.1 There will be Policies and Procedures in place related to clients' use of medication.

1.1.1 The policies and procedures will address issues of verification, validity and integrity of the medication/prescription being used while a client of the service. This refers to:

- addressing currency of the medication
- ownership of the medication
- amount of medication remaining is consistent with use as prescribed
- appearance of the medication matches the description on the label and/or CPS
- duplication of medication
- verification process if inconsistencies are found

1.2 There will be Policies and Procedures in place related to the accurate recording of information in the client record, relating to the medication the client is using at the time of admission.

1.3 There will be Policies and Procedures in place related to safe management of medication in the community setting.

1.3.1 The policies and procedures will address educating the in-home support provider(s) on appropriate storing and if necessary appropriate disposal of over-the-counter medications, prescribed drugs and other drugs of abuse.

- 1.4 There will be Policies and Procedures in place related to educating the in-home support provider(s) regarding issues related to supervision of client taking medication as prescribed and when appropriate staff will educate the client regarding self-administration of medications as prescribed.
 - 1.4.1 The policies and procedures will address appropriate supervision, by the in-home support provider(s) of the client's self-administration of medication once it is appropriate for the client to take responsibility to take his/her own medication.
 - 1.4.2 The policies and procedures will address the responsibility of the in-home support provider(s) to remind the client to take medication as prescribed, when that is necessary.
 - 1.4.3 The policies and procedures will address reviewing with the client taking of medication as prescribed, once they are able to resume the responsibility for their medication.
- 1.5 There will be Policies and Procedures in place related to the recording of medications taken, missed or refused and to be maintained by the in-home support provider(s) or the client once it is appropriate for them to undertake that activity.
 - 1.5.1 The policies will address educating the in-home support provider(s) and client, when appropriate, on accurate record keeping of medication taken by the client.
 - 1.5.2 The policies will address provision of the appropriate forms to the in-home support provider(s) by the agency staff.
- 1.6 There will be Policies and Procedures in place related to the use of potentially addictive pain medications. These will be limited to prescription medication for the management of significant or severe pain.
 - 1.6.1 The policies and procedures will address safeguards and appropriate consent in relation to consultation with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.

- 1.6.2 The policies and procedures will address consultation with the prescribing physician regarding an alternative medication when the prescribed medication is the drug of choice used by the client. In addition, consultation may include other non-medicating alternatives (e.g., meditation, relaxation, acupuncture).
- 1.7 There will be Policies and Procedures in place related to the use of potentially addictive psychoactive medications. These will be limited to prescribed medications for diagnosed mental health disorders, whether pre-existing or diagnosed while a client in the service.
 - 1.7.1 The policies and procedures will address limiting the self-administration of those medications prescribed to maintain, establish or re-establish stability for diagnosed mental health disorder(s).
 - 1.7.2 The policies and procedures will address safeguards in relation to necessary consultations with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.
- 1.8 There will be Policies and Procedures in place related to medications prescribed for all other medical conditions.
 - 1.8.1 The policies and procedures will address allowing the client to self-administer medications prescribed for a condition that was in existence prior to admission to the service, or which is prescribed through medical assessment after admission to the service. This may be an ongoing permanent/chronic condition such as, but not limited to, high blood pressure and diabetes: or, it may be of a temporary nature such as, but not limited to, an infection or inflammation.
- 1.9 There will be Policies and Procedures to address the time frame required between the last drink or ingestion of any other drug(s) used and resumption of the medication regime (rationale – many medications are contraindicated in conjunction with alcohol consumption or may interact with other medications/drugs taken prior to admission which requires professional pharmacological advice).
- 1.10 There will be Policies and Procedures in place related to the need for staff to consult with the prescribing physician, when a potentially addictive medication is prescribed while the individual is a client in the service.

- 1.10.1 The policies and procedures will address that the consultation will include the need for the medication, possible alternatives and the duration of the prescription.
- 1.11 There will be Policies and Procedures for all Level II Withdrawal Management Services assisting clients withdrawing from medications through a tapering process.
 - 1.11.1 The policies and procedures will address the need to work closely with the prescribing physician in following the tapering regime.

Recommended tapering regimes can be found in “Managing Alcohol, Tobacco and Other Drug Problems: a Pocket Guide for Physician and Nurses” (see Appendix VI).
 - 1.11.2 The policies and procedures will address tapering needs of older adults.
 - 1.11.3 The policies and procedures will address consulting with the prescribing physician if the tapering regime, provided by the physician, does not follow recommended guidelines.
- 1.12 There will be Policies and Procedures based on “Best Practices in Methadone Maintenance Treatment” (Health Canada 2002) to address the needs of clients utilizing Methadone (rationale – Methadone Maintenance Treatment is a key component of a comprehensive strategy to address opioid dependence and its consequences).
 - 1.12.1 The policies and procedures developed will meet the legal requirements related to Methadone management.
- 1.13 There will be Policies and Procedures to address allowing medication to be used in treatment of substance abuse such as Antabuse and Naltrexone and for those used for Nicotine cessation programs.
- 1.14 There will be Policies and Procedures in place regarding the use, by the client, of prescribed PRN (on an as needed basis) medications while in the care of the Service.
 - 1.14.1 The policies and procedures will address the process for consulting with a physician or pharmacist and sponsoring hospital to establish safe guidelines/practices.

- 1.15 There will be Policies and Procedures addressing guidelines regarding over-the-counter medications, herbal preparations, remedies, supplements and products containing alcohol.
 - 1.15.1 The policies and procedures will address the process for consulting a physician or pharmacist and sponsoring hospital to establish safe guidelines/practices.
 - 1.15.2 The policies and procedures will identify substances containing alcohol that are not permitted for use while the individual is a client in the service.
 - 1.15.3 The policies and procedures will address the safe location and management of anti-bacterial hand washes containing alcohol.

PROGRAM STANDARDS

STANDARD AREA X

Diversity and Cultural Responsiveness

Community WMS

The Service encourages and supports a workplace environment that promotes diversity and cultural responsiveness.

1.0 Management will ensure that strategies are in place to address possible barriers towards being inclusive and diverse.

1.1 Respect will be demonstrated to all clients and co-workers.

1.2 Non-discriminatory practices are expected by all staff.

2.0 There will be recognition of the unique needs of diverse cultural groups.

- 2.1 Every effort will be made to accommodate the requirements as follows:
- dietary (i.e., preparation, particular foods)
 - interpreters when required
 - special rites and practices (e.g., smudging, praying)

PROGRAM STANDARDS

STANDARD AREA XI

Harm Reduction

Community WMS

Harm associated with substance use ranges from low to high risk. Harm reduction strategies are pragmatic and are delivered in a non-judgemental framework to reduce individual and community harm. The focus involves incremental steps to reduce the harm associated with higher risk behaviour. Abstinence is on the continuum of harm reduction and may be a possible goal.

- 1.0 There will be policies and procedures relating to harm reduction services that are currently offered and for future initiatives as they emerge.**
 - 1.1 The policies and procedures will address supporting clients on a stabilized Methadone Maintenance Program.
 - 1.1.1 Policies and procedures will address compliance with legal requirements.
 - 1.1.2 Policies and procedures will address arrangements for the client to safely obtain their Methadone off-site.
 - 1.2 The policies and procedures will address medication tapering and will be in alignment with the Medication Standards.
 - 1.3 The policies and procedures will address accessibility for current and former clients who relapse or used substances while they are/were a client of the Service.
 - 1.4 The policies and procedures will address current and future harm reduction initiatives appropriate for implementing in a community withdrawal management setting.

PROGRAM STANDARDS

STANDARD AREA XII

Program Evaluation

Community WMS

Evaluation is a component of every Service.

1.0 Evaluation is based on assessment of service delivery and attainment of client, program and administrative goals.

1.1 The evaluation is ongoing and accomplished by:

- internal evaluation of core components using specific indicators
- external evaluation by the LHIN/MOHLTC and/or designate and the Canadian Council on Health Services Accreditation specific to addiction services
- the evaluation should incorporate the most current “Ontario Withdrawal Management Standards” as a guide and/or measurement tool

PROGRAM STANDARDS

STANDARD AREA XIII

Association Membership

Community WMS

Management of Withdrawal Management Services should have access to current clinical information, trends in Addictions, a support system of withdrawal management peers and have the opportunity to participate in system planning in the addiction treatment sector. It is important to participate in partnerships/organizations which will support the meeting of these goals.

1.0 Withdrawal Management Services will maintain membership in relevant association(s).

1.1 The following are examples of such resources:

- provincial and regional addiction associations
- provincial and regional health services planning bodies

STANDARDS OF CLIENT CARE

PREAMBLE:

The philosophy underlying client care is:

- clients are to be treated with respect, dignity and autonomy and with recognition of their individual needs
- clients are full partners in their care
- safety will be a primary consideration both in the delivery of care and in the care environment

The Standards of Care focus on the client and specify the care and treatment to be provided.⁴

The standards of client care are based on:

- the Mission Statement, Philosophy and expectations of the sponsoring hospital/agency
- the Mission Statement, Philosophy and service directives of the individual Service
- the Standards of Practice governing the staff affiliation represented within the Services (e.g., Canadian Addiction Counsellors Certification Federation, College of Nurses, College of Social Work) and standards of practice reflected within the service policies and procedures
- research of relevant best practice documents
- relevant legislation

⁴ Treatment in this context is the level of service provided within the scope of the revised provincial service mandate (Level I, II, III)

STANDARDS OF CLIENT CARE

Standard Area I

Intake

Community WMS

Intake includes pre-admission screening, admission and client orientation.

1.0 There is a co-ordinated process for timely access to services for current and potential clients.

- 1.1 Barriers that prevent clients, families and referring organizations from accessing services are identified and when possible removed.
- 1.2 When service is requested there is a timely process for response.
- 1.3 There are set criteria for service eligibility when deciding whether to offer services to potential clients, and when appropriate, family/significant others.

2.0 Pre-admission screening

- 2.1 Pre-admission screening includes, but is not limited to:
 - recent drug use (e.g., substances used, quantity, time and duration of last use)
 - appropriateness for safe withdrawal in a non-medical service as per admission criteria
 - current physical and mental health
 - any illness or injuries
 - any other issues of significance to ensure safety of clients, staff/volunteers (e.g., Home Environment Assessment)
- 2.2 A formal screening tool will be utilized.
- 2.3 An additional tool to assess the severity of intoxication and/or withdrawal symptoms will be utilized, as appropriate.

3.0 Admission

Admission includes a systematic and pertinent collection of objective data. This collection of data is a process and all information may not be attainable at the time of admission, dependent on the level of client impairment and other possible barriers such as language. Data will be gathered at the first opportunity.

- 3.1 All admission documentation includes the following:
- date and time of admission
 - source of referral
 - reason for admission
 - symptoms of intoxication or withdrawal
 - identification of intoxicating substances used (if known), quantity, method taken and last use
 - level of mobility
 - level of coherence
 - description of behaviour exhibited
 - need for immediate medical attention
 - ongoing medical problems and required aids including glasses, contact lenses, dentures, hearing aids and required prosthesis
 - history of seizures – epilepsy or alcohol induced
 - history of diabetes, heart disease, allergies or any significant medical history (e.g., pregnancy)
 - medications used (prescribed, over-the-counter and herbal preparations)
 - emotional/mental status (e.g., suicidal ideation, physical and/or verbal cues, mental health or concurrent diagnosis)
 - current medical/mental health worker
 - record of medication
 - documentation of any unusual occurrence/event
 - environmental assessment for community visits
 - identified support systems and potential role in care
 - safe care of minor children
 - safety/violence screening for women
 - emergency contacts

4.0 Client Orientation

To promote informed decisions by clients regarding their treatment, there will be a process for orientation relevant to the client's level of impairment, and when appropriate, the involvement of family/significant others.

- 4.1 The process for orientation includes:
- introduction to staff
 - routines of care (e.g., process for delivery of service)
 - a record that the client has been informed of the process for delivery of service
 - relevant programs and services available

- review of the client guidelines
 - a record that the client has been informed of the client guidelines
 - direction as to what to do in case an emergency should arise and a record of the directions provided
- 4.2 Information about client and family rights and responsibilities including, but not limited to:
- regulations regarding confidentiality
 - explanation regarding the “Circle of Care” practices
 - explanation of informed consent to service, the disclosure of health records and the limitations of consent (e.g., Duty to Report, medical emergency and instances where there is an imminent threat of harm to self or others)
 - a service agreement between the client and the Service
 - a service agreement between the in-home support provider(s) and the Service
 - encouragement and support of personal choice
 - opportunities to participate in care and treatment
 - opportunities to participate in team conferences affecting their care
 - a process whereby issues or concerns related to the quality of care and treatment can be addressed
 - formal complaints procedure

STANDARDS OF CLIENT CARE

STANDARD AREA II

Intoxication and Withdrawal Management

Community WMS

The management of intoxication and withdrawal includes monitoring, ongoing assessments, support, documenting and crisis management. The frequency of monitoring and intensity of ongoing assessment is dependent upon the level of client impairment and scope of service.

- 1.0 **There are established guidelines based on research and best practice literature, related to the expected withdrawal processes for a variety of substances. The Service implements and integrates this knowledge into the management of intoxication and withdrawal phase of care.**
 - 1.1 Implementation of the established guidelines and Best Practices is coordinated among team members in the provision of care.
 - 1.2 The client is referred to and/or transferred for medical attention if there is a significant deviation from the expected outcomes.
 - 1.3 The client may choose to access medical assessment/intervention at any time.
 - 1.4 The support provider(s) may also choose to access medical assessment/intervention on behalf of the client.

2.0 **Monitoring**

In this context, monitoring means the process by which the in-home support provider(s), in consultation with service staff, checks the client for any signs and symptoms indicating changes in status. This process is ongoing for the duration of their involvement with the Service.

- 2.1 A monitoring format will be established by the Service and provided to the in-home support provider(s) for use during the withdrawal phase and will include:
 - level of monitoring required
 - frequency of monitoring
 - duration of monitoring

2.2 The standardized indicators (see Appendix III for sample form) minimally include the following:

- agitation
- level of consciousness
- tremor
- appetite
- abdominal changes
- orientation
- hallucinations
- anxiety
- sweating
- sleep patterns
- GI disturbance
- muscle aches
- mood

2.3 The in-home support provider(s) will be educated regarding the preceding requirements.

2.4 The in-home support provider(s) will be provided the necessary monitoring tools.

3.0 The Service develops, in collaboration with its sponsoring hospital/agency, a written protocol to address high-risk situations.

3.1 These include:

- clients living with diabetes
- suicidal ideation
- head injuries
- seizures
- pregnancy
- self harm
- other situations as identified from time to time

4.0 Ongoing Assessment

In this context ongoing assessment means the process by which the client's condition is systematically reviewed for the purpose of identifying change in status, determining appropriate action and developing a plan of care.

4.1 There is ongoing assessment throughout the duration of the client's involvement with the Service.

- 4.2 Appropriate action is taken as a result of the assessment.
- 4.3 The action is documented and necessary changes to the plan of care are implemented.

5.0 Support

Support includes those actions which focus on increasing the client's general well being.

- 5.1 This includes the areas of:
- maintenance (shelter, hygiene and nutrition)
 - personal safety
 - support based on the identified physical, emotional and spiritual needs of the individual
- 5.2 Support as described above may also be provided to the in-home support provider(s).
- 5.3 The in-home support provider(s) will be educated on issues regarding nutrition, hydration and maintaining a safe environment for the client throughout the withdrawal.

6.0 Documentation

The Service has clearly defined standards for documenting which will outline the format, content and frequency.

- 6.1 The format, content and frequency is determined collaboratively between the Service and the sponsoring hospital/agency.
- 6.2 A plan of care is developed collaboratively between service staff, client, and when appropriate, in-home support providers(s) and/or the family/significant others, and other community workers currently providing care.
- 6.3 There is a process for review and revision of the individual plan of care. The process will include:
- reviewing of the actual outcomes of care and treatment against the expected outcomes of the client and staff
 - revising the plan of care in consultation with the client, based on the conclusions of the review

7.0 Crisis Management

Crisis Management includes the immediate intervention in an emergency situation.

- 7.1 All Services will have policies for emergency situations (e.g., seizure protocol, cardiac arrest, trauma requiring medical attention, assaults, suicidal ideation/intention and all other medical emergencies).

STANDARDS OF CLIENT CARE

STANDARD AREA III

Ongoing Client Care and Treatment

Community WMS

1.0 There is a process of preparing the client for care and treatment.

- 1.1 There will be coordination of the following activities:
- identifying appropriateness of individuals for treatment in the Service
 - explaining the services provided to the client
 - retrieving information from the client, referring source and/or records of previous admissions
 - explaining the process of care to the client
 - identifying in-home support provider(s) and their roles and responsibilities in delivery of care
- 1.2 Ensure orientation process is completed.

2.0 There is a process in place for ongoing assessment

- 2.1 An individual's needs are identified and evaluated based on:
- substances used
 - strengths
 - challenges
 - barriers to recovery
 - medical/mental health
 - available supports
- 2.2 An assessment and history is documented and relates to:
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
 - present level of functioning
 - allergies
 - medication therapy, including drug-related problems
 - nutrition, including the need for supplements or a special diet
 - cultural preferences and beliefs
 - client understanding of the impact of his/her substance use
 - level of literacy
 - ability and/or desire to participate in care and treatment
 - community supports available upon discharge

- goals and expected outcomes of care and treatment
- participation of the client in setting goals and expected outcomes
- smoking cessation treatment

3.0 The care and treatment process includes developing and implementing a therapeutic plan and monitoring the achievement of intended outcomes.

3.1. The key components of care and treatment are identified for each client and include:

- an agreement outlining the guidelines for delivery of care between the Service, the client and the in-home support provider(s)
- managing symptoms
- managing medication
- maintaining client privacy and dignity
- physical care related to treatment and comfort
- educating the in-home support provider in assisting with activities of daily living
- educating the in-home support provider on maintaining a therapeutic and safe environment that includes measures to prevent infection and other adverse occurrences
- nutritional support
- supportive counselling and education
- support for those with special care/treatment requirements, including children, child care issues, cultural, language, literacy level, concurrent disorders, age and gender
- religious and/or spiritual support
- emotional support and counselling of the client
- identifying and addressing barriers to accessing treatment options
- referrals to other community services when client needs can not be met within the Service's mandate
- accurate and timely recording of interactions/treatments provided and the outcomes to those interactions/treatments
- accurate record keeping and transfer of information at transition points (e.g., case conferencing reports, discharge summaries to referring agencies)
- documented evidence that timely transfer of information has occurred
- involvement of family/significant others, when appropriate

- 3.2 There are policies and procedures for the management and monitoring of client medications for the following:
- verification, validity and integrity of the medications/prescription
 - consultation/collaboration with prescribing physician
 - educating the in-home support provider(s) to remind the client to take medications as prescribed
 - encouraging the client and in-home support provider(s) to obtain information/education regarding current medications
 - educating the client and in-home provider(s) regarding safe storage and disposal of medication
 - methods for identifying medications that can or cannot be used while in care of the Service
- 3.3 The options for care and treatment are explained so that the client, in-home support provider(s), and when appropriate, family/significant others are able to make informed decisions.
- 3.4 Staff members understand each other's roles and their contribution to the implementation of care and treatment.
- 3.5 Education is provided to the client, and when appropriate, in-home support provider(s) and family/significant others as it relates to:
- immediate and continuing care needs
 - health promotion and disease prevention, harm reduction, self-help options and the addiction continuum of care
 - ensuring client awareness of his/her choices and active involvement in his/her care/treatment

4.0 There is a process to prepare the client for discharge.

- 4.1 Discharge planning is initiated and includes:
- determining the client's level of knowledge, and when appropriate, in-home support provider(s) and family/significant others about the options for continuing care
 - providing options for continuing care
 - involving other community care providers in the planning process
 - a process for referral
 - a process to ensure that clients understand and know how to access an aftercare plan and resolve unanswered questions
 - a written discharge follow-up plan to be given to clients
 - consideration of violence potential for the discharge environment for women and formulation of an appropriate safety plan
 - a referral to women's only services as a first choice for women, based on best practices

5.0 There are processes related to maintaining an integrated client record.

- 5.1 Information contained in the client record is consistent with the sponsoring hospital/agency requirements.
- 5.2 Information contained in the client record will be accurate, accessible, up-to-date and secure.
 - 5.2.1 Records meet applicable legislation for protecting the privacy and confidentiality of client information.
 - 5.2.2 Appropriate staff have timely access to client information.
 - 5.2.3 Staff shares client information and coordinates its flow between the service staff and other community workers involved in the client's care, with informed consent and as required.
- 5.3 Care and treatment is documented and includes, but is not limited to:
 - current level of functioning
 - details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
 - report of physical/emotional condition at the time of admission
 - evidence of involving client, in-home support provider(s), and when appropriate, family/significant others and community partners, as applicable in care and treatment planning
 - progress notes, reports and/or consultations
 - record of medication taken/refused
 - evidence of educating the client, and when appropriate, in-home support provider(s) and family/significant other and their responses
 - client response to care and treatment
 - outcomes of care and treatment
 - evidence of discharge planning including necessary instructions to client, and when appropriate, in-home support provider(s) and family/significant others for follow-up care

6.0 The care and treatment process as a whole is consistent with applicable legislative requirements, standards of practice and the code of ethics of respective disciplines and the code of ethics for all service workers/volunteers.

7.0 There is a process for review and revision of the individual plan of care and treatment.

- 7.1 The actual outcomes of care and treatment are reviewed by the client and staff against the expected outcomes.
- 7.2 Variations between the actual and expected outcomes are reviewed.
- 7.3 In consultation with the client, in-home support provider(s), and when appropriate, family/significant others, the plan of care and treatment is revised based on the conclusions of the review.

8.0 There is a plan to meet ongoing client care following discharge.

- 8.1 The plan relates to:
 - co-ordinating access and/or referral to addiction treatment and community support services (e.g., outreach programs, self-help groups)
 - ◆ information about available community support services is given to the client
 - ◆ information is given to the community support service, with client's authorization/informed consent
 - ◆ the substitute decision maker will provide consent if the client is incapable of providing consent
 - communicating all relevant information to the referring source and family physician with the consent of the client
 - documenting plans and referrals for follow-up care and treatment in the client record, including:
 - ◆ place, date and reason for referral
 - ◆ contact person, as appropriate
 - ◆ report of the outcomes of care and treatment, as appropriate
 - client receives a written copy of the aftercare plan
 - ongoing telephone support

STANDARDS OF CLIENT CARE

STANDARD AREA IV

Quality Monitoring and Improvement

Community WMS

1.0 There are processes for monitoring and improving the quality of care and treatment.

1.1 These will include analysis of data from:

- client satisfaction questionnaires
- feedback mechanisms by referring agencies
- reports of incidents and/or unusual occurrences
- the percentage of clients completing withdrawal process
- peer and management chart audits
- the client complaint process

1.2 The processes are developed and implemented collaboratively by the staff, client, and when appropriate, in-home support provider(s) and family/significant others.

1.3 The staff uses the latest research, evidence-based guidelines and best practice information to maintain ongoing quality of care.

2.0 There is a process for reviewing client care guidelines to ensure relevancy.

2.1 These will include the following sources:

- records of information
- client record
- job performance review
- meetings with the clients
- feedback from client, and when appropriate, in-home support provider(s)
- staff meetings
- monitoring current client needs
- best practices
- Advisory Committee

3.0 There are indicators for outcomes of care.

3.1 The indicators for the outcomes are developed collaboratively by the staff and management.

3.2 Indicators for outcomes may be developed by Withdrawal Management Services/sponsoring hospital/agency and other key stakeholders.

4.0 There are indicators for quality of care.

4.1 The indicators are related to:

- processes and outcomes of care and treatment
- the delivery and cost of service provision

5.0 Processes related to quality of care and treatment are selected in order of priority. These can be referenced to the CCHSA's Accreditation Program 2008, Mental Health Services.

5.1 Priority is given to processes that are:

- high risk
- high volume
- problem prone

5.2 Aspects of quality that are considered when determining priorities include any or all of the following:

- safety
- competence
- acceptability
- effectiveness
- appropriateness
- efficiency
- accessibility

6.0 Activities are undertaken to implement required improvements.

6.1 The resulting improvements are identified, implemented and documented.

7.0 The outcomes of quality improvement activities are communicated to all relevant stakeholders.

7.1 The outcomes are communicated through:

- reports
- newsletters or bulletins
- educational activities
- meetings
- postings within the Service where they are visible to consumers and staff

- team conferences
- interactions between individuals
- web-sites

8.0 There is ongoing evaluation of the improvements.

- 8.1 Responsibility is assigned for evaluating the improvements in care and treatment over time.
- 8.2 Monitoring activities include:
- repeat survey/evaluation
 - ongoing data collection, analysis and dissemination, as required
- 8.3 When necessary, changes are initiated to ensure quality improvements.

STANDARDS OF CLIENT CARE

STANDARD AREA V

Care Considerations for Older Adults

Community WMS

Older adults may experience more complications during withdrawal than younger adults, as the liver and kidney metabolize and eliminate alcohol or other substances more slowly.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of the older adult population.**
 - 1.1 The policies and procedures will address consideration for a longer length of stay for withdrawal from alcohol or other substances, based on individual circumstances (e.g., older adults may need up to 2 weeks for withdrawal, depending on the amount consumed, health status and interactions with other medications).
 - 1.2 The policies and procedures will address the possible need for older adults to receive a medical assessment at a less intense level of withdrawal than younger adults (as indicated in “Best Practices and Effective Community Development Strategies to Prevent and Address Alcohol Problems Among Seniors”).

STANDARDS OF CLIENT CARE

STANDARD AREA VI

Concurrent Substance Use and Mental Health Disorders

Community WMS

Clients with concurrent (addiction and mental health) disorders are at increased risk of medical and psychosocial negative outcomes. It is important to provide specifically designed interventions for these clients.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of clients with concurrent disorders.**
 - 1.1 The policies and procedures will direct the management of the prescribed medication and will be in compliance with the Medication Standards.
 - 1.2 The policies and procedures will address providing care collaboratively with other care providers (e.g., mental health clinician or physicians involved in the care of the individual) and appropriate consent will be obtained.
 - 1.3 The policies and procedures will address situations that, if they arise, will require a referral for medical assessment (e.g., expressions of suicidal intention, non-compliance with medication regime, or symptoms of psychosis).

STANDARDS OF CLIENT CARE

STANDARD AREA VII

Care Considerations for Pregnant Women

Community WMS:

Risk to the unborn child/children of pregnant women is well established. For this reason ease of access to the addiction treatment system is imperative. All pregnant women presenting for service will be referred for a medical assessment prior to admission.

1.0 There will be policies and procedures in place regarding ease of access.

- 1.1 The policies and procedures will address priority admission for pregnant women, including arranging appropriate alternative referrals when admission is not possible.
- 1.2 The policies and procedures will address consideration for extended stay.
- 1.3 The policies and procedures will address priority service for relapse from treatment programs.

2.0 There will be policies and procedures in place regarding referrals.

- 2.1 The policies and procedures will address mandatory referral for medical intervention for all alcohol withdrawal.
- 2.2 The policies and procedures will address cessation of opioids or sedatives/benzodiazepines only under medical supervision.
- 2.3 The policies and procedures will address priority referrals to treatment agencies/services.
- 2.4 The policies and procedures will address referral process to Public Health.
- 2.5 The policies and procedures will address referrals for possible methadone treatment for opioid dependent women due to the impact of use and withdrawal on pregnancy and the unborn child/children (e.g., spontaneous abortion, pre-term labour, fetal death, neonatal withdrawal).

- 2.6 The policies and procedures will address screening for sexually transmitted infections (STI's), HIV, TB, Hepatitis B and C, for impact on pregnancy and health of the unborn child/children.
- 2.7 The policies and procedures will address referral to an addiction medicine specialist with expertise in pregnancy, where available (according to "Managing, Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses").

3.0 There will be policies and procedures in place regarding ongoing care.

- 3.1 The policies and procedures will address a protocol for the necessity of pre-natal care.
- 3.2 The policies and procedures will address education and support regarding the impact of substances on pregnancy and the unborn child/children (e.g., Motherisk, Addictions Early Childhood Development Initiative projects).
- 3.3 The policies and procedures will address staff awareness of complications from substance use by pregnant women.
- 3.4 The policies and procedures will address the advisability of Case Management.

EDUCATION STANDARDS

STANDARD AREA I

Basic Education and Core Competencies

Community WMS

1.0 The Service ensures recruitment and hiring of front-line workers that is consistent with the recognized minimum education, skills, knowledge base and core competency requirements.

1.1 Minimum education requirement:

- two year post-secondary diploma in a Health or Human Service Program, complemented by addiction studies

1.2 Demonstrated knowledge in:

- cultural sensitivity and inclusivity
- theories of addiction
- fundamental concepts of addiction
- treatment approaches/modalities
- pharmacology relevant to withdrawal management
- self-help groups
- relapse prevention
- harm reduction
- effective withdrawal management
- group dynamics
- stages of change
- motivational interviewing
- trauma (as it relates to addiction)
- admission and discharge tools
- relevant best practices
- behaviour management
- mental health issues
- models of withdrawal management service delivery
- computer skills
- recognition of signs and symptoms of impairment

1.3 Required training in:

- C.P.R.
- first aid
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

- non-violent crisis intervention
- documenting principles

2.0 The Service has support services reflective of its specific needs and may include housekeeping, dietary, clerical and maintenance. The educational requirements and knowledge base for these positions is in alignment with the sponsoring hospital/agency.

2.1 Individuals holding these positions in a Withdrawal Management Service are sensitive to the client population, the program environment and confidentiality requirements.

3.0 The Service ensures that recruitment and hiring of Coordinators and Supervisors is consistent with recognized minimum education, skills, knowledge base and core competency requirements.

3.1 A minimum of a Bachelor Degree in a Health or Human Services discipline complimented by addiction studies and/or equivalent combination of education and experience. A minimum of three years clinical experience in the addiction and/or related health field is required. Certified Clinical Supervisor and/or other relevant certification is an asset.

3.2 Demonstrated core competencies including:

- leadership skills
- interpersonal communication skills
- problem solving skills
- conflict resolution skills
- staff management/supervision skills
- organizational skills
- diversity management
- clinical supervision

3.3 Skills and knowledge in:

- human resource management
- quality assurance and risk management
- shift scheduling
- providing staff training and education
- report writing
- the use of computers and applicable software
- debriefing techniques
- vicarious trauma/compassion fatigue
- models of withdrawal management service delivery

4.0 The recruitment of and hiring criteria for the Manager/Director is the responsibility of the sponsoring hospital/agency.

4.1 Recognizing that Withdrawal Management Services tend to be complex, it is recommended that the Manager/Director minimally meets the qualifications required for a Supervisor/Coordinator and is knowledgeable and experienced in the addictions field.

5.0 The Service ensures recruitment of volunteers with recognized skills relevant to their roles/duties, where applicable.

EDUCATION STANDARDS

STANDARD AREA II

Orientation and Professional Development

Community WMS

The Service provides orientation, ongoing training and professional development for all staff, students and volunteers.

1.0 There is orientation for staff, volunteers and students.

1.1 The orientation to the service includes:

- physical layout of the service
- mission and philosophy
- position description/responsibilities
- performance expectations
- policy and procedure manuals
- orientation to all relevant shifts
- disaster and emergency plans
- introduction to all staff
- program goals and objectives
- confidentiality requirements
- safety and emergency procedures
- quality improvement programs
- health and wellness plans

1.2 The orientation to the sponsoring hospital/agency may include:

- mission and philosophy
- services and programs provided in the facility
- organization of the facility
- introduction to key personnel
- external disaster procedures
- human resources policies and procedures
- tour of the facility
- Employee Assistance Program (if applicable)
- Occupational Health and Safety Program (including Fire Safety, Infection Control and WHMIS)

1.3 Orientation is completed in a timely manner and participation is documented upon completion.

2.0 There are professional development activities utilizing in-service and external resources.

2.1 The professional development activities provide the knowledge and skills required to assist staff, students and volunteers in attaining and maintaining competency in their roles.

2.2 The professional development activities address current policies and procedures as well as needs identified through:

- needs assessments
- performance evaluations
- quality management activities
- utilization review activities
- risk management activities
- occupational health and safety activities
- organizational changes
- service changes within the program
- relevant legislation
- research activities
- client/referral source surveys
- clinical supervision

2.3 Participation is documented upon completion.

3.0 The Service has an annual professional development plan for staff and volunteers.

3.1 Components of the plan are identified through:

- performance evaluations and skills/competency assessments of individual staff
- assessing specific program needs or changes (e.g., technology, legislation)

3.2 The Service provides a minimum of 16 hours of continuing education and training opportunities annually for each employee. This includes:

- training relevant to the staff's scope of practice
- training relevant to the program's scope of service

3.3 The Service provides opportunities for ongoing education and training for volunteers relevant to their role and responsibilities.

3.4 Participation in continuing education is documented upon completion.

4.0 The Service has written policies and procedures regarding mandatory training and/or certification.

4.1 These include:

- C.P.R.
- first aid
- non-violent crisis intervention
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

4.2 Participation and successful completion are documented.

5.0 There is an evaluation of the professional development activities.

5.1 Mechanisms for evaluation may include:

- participant feedback
- learning curve testing (pre and post testing)
- performance assessments
- cost-effectiveness analysis

PHYSICAL STRUCTURE/PLANT STANDARDS

PREAMBLE

It is understood that the ability of some Services to comply with the standards outlined in this section is limited, based on existing facilities.

The needs of the withdrawal management service will vary according to the needs of the individual Service.

Some sections of the following Physical Structure/Plant standards are only relevant to development of new facilities or structural renovations of current facilities.

1. It is expected that all Withdrawal Management Services will meet Provincial and local codes, standards and/or by-laws.
2. It is expected that all Withdrawal Management Services are functional and will address the physical aspects of the scope of service and are designed according to client-centered principles (e.g., privacy, respect, safety).
3. A first priority in the planning of a Withdrawal Management Service is to ensure the health and safety of clients, staff and visitors to the service.

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA I

Initial Planning Process

Community WMS

1.0 Any plans for a new or renovated Withdrawal Management facility will be developed in consultation with key stakeholders.

1.1 Key stakeholders include:

- local/regional planning committees
- addiction and mental health community partners
- direct care givers – front-line staff
- Advisory Committee members
- Sponsoring Hospital/Agency
- Local Health Integrated Network
- Ministry Of Health and Long-Term Care
- consumers
- architects/engineers/Fire Marshals/Health Inspectors and other relevant consultants
- others as deemed relevant

2.0 Location of the facility within the community is a primary consideration.

2.1 The following is addressed:

- access for those with physical challenges and other special needs
- accessibility based on local and/or other transportation services
- easy access to emergency/medical services
- location, in terms of utilization, by all socio-economic groups

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA II

Physical Space – Client

Community WMS

- 1.0 Every service will have appropriate clinical space which includes the following:**
- private interview room
 - group room
- 1.1 Consideration will be given to a child care/parenting space in the community setting in which withdrawal is to take place.
- 2.0 Services that deliver auricular acupuncture on-site will adhere to safety and hygiene requirements (e.g., non-carpeted flooring, flexible lighting and appropriate seating space).**

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA III

Physical Space – Staff

Community WMS

1.0 Every Service will have the following designated staff areas:

- **staff washroom**
- **multi-purpose room for staff**
- **other functional spaces as determined by the scope of the Service**

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA IV

Physical Space – Administration/Support

Community WMS

1.0 Every Service will have appropriate administrative space as determined by the scope of the Service and whether they are co-located or stand alone.

1.1 Administration (spaces may include):

- director's/manager's office
- supervisor's/coordinator's office
- clerical workspace
- office equipment room/area (e.g., fax/photocopier, printer/scanner)
- office/stationary storage
- secure client records/file storage (i.e., meet clinical records standards)
- waiting area
- multi-purpose boardroom/meeting areas
- parking

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA V

Environment

Community WMS

Office Site

1.0 The environment includes air quality, lighting, temperature, soundproofing, aesthetics and physical space.

1.1 Physical Space

- will take into account the scope of the service provided, the function of the program, client/staff needs including privacy and confidentiality

1.2 Air Quality

- will address bacteria and level of mould in the air, allergens, odours, circulation, other occupational health issues, level of humidity and any other relevant items

1.3 Lighting

- will address level of natural lighting as well as artificial lighting – the latter must give consideration to shift work, clients prone to seizures, the need for a calm environment, the need for individual area control and cost effectiveness
- will address emergency lighting needs taking scope of service into consideration

1.4 Communication

- will address emergency telephone needs taking scope of service into consideration
- will address secure networking with the sponsoring hospital/agency
- will address appropriate internal communication equipment (e.g., intercom system between floors and/or sections)

1.5 Temperature

- will address heat and cooling issues, need for individual room control and comfort

1.6 Sound Proofing

- will address minimal sound transfer from one area to another in order to provide privacy and minimize noise disruption to client care

1.7 Aesthetics

- addresses items such as colour schemes (i.e., some colours more calming than others), furniture (e.g., durability, comfort, ability to clean and disinfect) and choice of materials

Off-Site/Community Locations

1.0 The environment will be assessed based on the Home Environment Checklist (see Appendix VII for sample form).

1.1 This will minimally include assessment of:

- availability of appropriate in-home support provider(s)
- attitude and commitment of in-home support provider(s)
- accessibility of bathroom (e.g., on same level where client is receiving care during acute withdrawal)
- availability of appropriate hydration and nutrition
- presence of young children and/or pets
- space for quiet and privacy when needed
- presence of alcohol and/or other drugs in the home
- presence of other current drinkers/users
- presence of other persons who do not want the staff from the Service in the home
- obvious presence of weapons which are improperly stored

2.0 There are processes in place to identify that other safe service delivery issues are addressed.

2.1 Safety considerations include, but are not limited to:

- safe winter travel
- decisions regarding rescheduling of appointment due to road or weather conditions
- having appropriate first aid and emergency kits available for transport
- having appropriate communication system available for transporting to the community (e.g., cell phone, pager)
- vehicular safety (e.g., appropriate tires, air pressure, full tank of gas, clear windshields)
- appropriate automobile insurance
- safe environment for transporting client files



SECTION III – DAY WITHDRAWAL MANAGEMENT SERVICES

The Ontario Withdrawal Management Standards 2008

ADMINISTRATIVE STANDARDS

GOVERNING BODY

STANDARD AREA I

Governance

Day WMS

- 1.0 It is understood that there will be a clearly defined governing body as defined by a service agreement¹ between the Local Health Integrated Network (LHIN) / Ministry of Health and Long-Term Care (MOHLTC) and the sponsoring hospital/agency.**

¹ Service agreement may be identified by another name depending on the language determined by the LHIN's. (e.g. accountability agreement)

ADMINISTRATIVE STANDARDS ADVISORY COMMITTEE

STANDARD AREA I

Organization and Direction

Day WMS

The Advisory Committee² provides advice to the management of the Service, the sponsoring hospital/agency and its Board of Directors, or other governing body. It's purpose is to: advise on policies/directions for mental health and/or addiction services, represent the interests of clients and families, develop and maintain effective communication with the community, promote partnerships, community awareness and understanding of addiction and/or mental health issues.

- 1.0 The Service has an Advisory Committee. In some communities Withdrawal Management Services may be part of joint Advisory Committees.**
- 2.0 The role, function and structure of the Advisory Committee are clearly defined in a written statement consistent with the directives of the LHIN/MOHLTC.**
- 3.0 The membership of the Advisory Committee is a balanced representation of the community served.**
 - 3.1 Members are chosen for:
 - their expertise in addiction and mental health services
 - their links with other relevant community services
 - their ability to represent the interests of clients and their families and the community
 - any other expertise required to advise on addiction and mental health services
 - 3.4 The membership will also include:
 - families
 - consumers
 - and the public at large
 - 3.5 A list of members specifying their affiliations, dates of appointment, and length of tenure will be readily available to interested parties.

² Depending on the structure of the service this could refer to Advisory Committee and/or Board.

4.0 Orientation for new Advisory Committee members is documented.

5.0 The frequency of the Advisory Committee meetings is consistent with the directives of the LHIN/MOHLTC.

6.0 The Advisory Committee is organized to function effectively.

6.1 This is achieved by:

- having terms of reference with clearly defined goals and objectives
- recording of minutes that reflect the deliberations of the committee and signed by the Chairperson
- meeting at regularly stated intervals
- determining criteria for content and frequency of reports from the Service

7.0 There are mechanisms in place for the recruitment, appointment, election, tenure, re-appointment, re-election and retirement of members of the Advisory Committee.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA I

Statement of Collaboration

Day WMS

- 1.0 The Service has evidence of collaboration with the LHIN/MOHLTC through submission of an annual operating plan³.**

³ Operating plan may be identified by another name depending on the language determined by the LHIN's.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA II

Service Agreement

Day WMS

Funding Agreement

- 1.0 A Service Agreement is established between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.**
- 2.0 The Service Agreement is reviewed annually and revisions are made as necessary and a copy is retained in the Service.**

Partnership Agreements

- 1.0 Additional formal service agreements may be established between the Service and community partners.**
 - 1.1 The service agreements will be clearly defined in a written statement.
 - 1.2 The service agreements will be reviewed annually or as defined in the agreement and revisions will be made, as necessary.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA III

Mandate, Philosophy and Vision

Day WMS

1.0 Management is responsible for the development of clearly articulated Philosophy, Vision and Mandate statements.

1.1 The mandate is defined by the LHIN/MOHLTC in the Service Agreement.

1.2 Management is responsible for clarifying any discrepancies with the Philosophy, Vision and Mandate statements between the sponsoring hospital, partner agencies and the service provider/agency.

2.0 Management is responsible for review and revisions of these statements.

3.0 Management is responsible for ensuring that the above statements are made available, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IV

Mission, Goals and Objectives

Day WMS

- 1.0 Management is responsible to ensure that there is a current and relevant Mission Statement which is:**
- reviewed annually and revised, as necessary
 - available to all Service staff and clients
 - in alignment with the mission of the sponsoring hospital/agency
- 2.0 Management is responsible for the development of a set of identified program goals.**
- 2.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified program goals.
- 3.0 Management is responsible for the development of a set of identified client goals.**
- 3.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified client goals.
- 4.0 Management is responsible for the development of administrative goals on an annual basis.**
- 4.1 Management is responsible for service objectives that are clear, measurable and have appropriate time lines to meet the established administrative goals.
- 5.0 Management is responsible for the development of an evaluative tool (e.g., as a Logic Model).**

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA V

Organization and Direction

Day WMS

Management, in collaboration with the sponsoring hospital/agency, ensures efficient and effective delivery of services.

1.0 There is an organizational structure in place to support the efficient and effective management of the Service.

- 1.1 There is an organizational chart which:
- provides a clear representation of the structure and reporting relationships of the Service
 - is available to all staff
 - is available to interested parties

1.2 The organizational chart is revised, as required.

2.0 There are clearly defined principle functions of management to ensure appropriate delivery of services through planning, development, implementation and evaluation, as well as research when opportunities arise.

- 2.1 Management functions include:
- Human Resources
 - Program Development
 - Financial Management
 - Facilities Management
 - Public Relations and Communications

2.2 Statement of Principle Functions is revised on an as needed basis.

3.0 There is evidence that the principle functions of management are implemented within the Service.

- 3.1 Evidence of implementation may include:
- mechanisms for developing and enhancing positive staff morale and labour relations
 - effective mechanisms for staff feedback and involvement
 - client surveys

- efficient and effective utilization of resources
- management outcome reports
- program evaluations
- mechanisms to measure outcomes which demonstrate improvements to service provision
- formal information links with relevant community agencies
- team approaches to client management
- incident reports

4.0 Management establishes criteria and mechanisms for program development within the Service.

4.1 Criteria for service development includes:

- consistency with the mission of the organization
- consistency with the strategic plan of the organization
- a clear, concise definition of what is proposed
- justification for the proposal
- resources required
- effect on existing program and support services
- effect on existing health care services and programs within the community
- other regional planning activities
- financial and human resources
- consultation with the Addiction and Mental Health Committees of the LHIN's, Advisory Committee and/or other local planning bodies

5.0 Management ensures the responsible use of resources when implementing new or expanded programs.

5.1 Management ensures that the development of new programs includes:

- consultation with the local addiction and mental health planning bodies
- assessment of the impact on internal and/or community programs/services
- determination that the resources are available

6.0 Management will maintain effective communication and problem solving mechanisms between the Service and relevant partners of the sponsoring hospital/agency, consumers, Advisory Committee and other stakeholders.

6.1 Mechanisms to facilitate communication and problem solving may include:

- consumer surveys
- regular staff meetings
- meetings with and defined reporting relationships between management and Senior Management team of the sponsoring hospital/agency and the Advisory Committee
- newsletters
- memos outlining changes in process
- web-site development
- meetings with local community Addiction and Mental Health partners on a regular basis, as established in their terms of reference
- meetings with other community partners on an as needed basis

7.0 Management ensures there are mechanisms to communicate the Service's mission, philosophy, standards and policy/procedures to staff, clients and the community it serves.

7.1 Mechanisms may include:

- mission and philosophy statements that are readily available for viewing
- client guidelines/handbooks
- staff/volunteer orientation and ongoing development processes
- distribution of annual report
- meeting/presentations with community groups
- presentations to educational institutions
- use of media
- information brochures that are widely distributed
- orientation tours as appropriate
- web-site development

8.0 There are mechanisms in place to evaluate the performance of management staff.

8.1 Mechanisms will include:

- performance appraisals
- operational reviews
- program review

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA VI

Regulations, Agreements, Policies and Procedures

Day WMS

Management ensures service compliance with laws, regulations and agreements. Management implements the policies and procedures of the sponsoring hospital/agency. Management develops, revises and implements policies and procedures for the effective operation of the Service.

- 1.0 Management ensures all reasonable steps are taken to provide for service compliance with applicable federal, provincial and municipal laws/by-laws and regulations.**
 - 1.1 Management receives, reviews and acts upon reports on compliance with federal, provincial and municipal by-laws and regulations including those related to:
 - quality management
 - professional standards
 - risk management (e.g., fire codes, occupational health and safety requirements, informed consent, public health codes, coroner's recommendations, Ministry of Labour)
 - utilization review
 - client rights
 - child protection
 - protection of personal health information
 - access to service as per LHIN/MOHLTC directives
- 2.0 Management ensures that affiliation agreements between educational institutions and sponsoring hospital/agency are current.**
 - 2.1 In the development of the agreement within the Service, management will collaborate with teaching staff and student placement officers regarding appropriate terms of the agreement.
 - 2.2 Management regularly negotiates the appropriate placement of students to be accepted in the Service.

3.0 Legal authority for contracts or agreements is determined between the sponsoring hospital/agency and management of the Service.

3.1 The sponsoring hospital/agency has the right to determine the terms and conditions of written agreements/contracts.

4.0 Management ensures that the relevant policies and procedures of the sponsoring hospital/agency are implemented.

4.1 The relevant policies and procedures of the sponsoring hospital/agency are available to and reviewed annually by all staff and evidence of compliance is documented upon completion.

4.2 New and revised policies and procedures of the sponsoring hospital/agency are reviewed by all staff and evidence of compliance is documented upon completion.

5.0 Management is responsible for the development and implementation of operational policies and procedures for the Service.

5.1 The Service's operational policies are in alignment with those of the sponsoring hospital/agency or the by-laws of the governing body and are specific to the Service.

5.2 The administrative or management policies and procedures of the sponsoring hospital/agency supercede the policies and procedures of the Service unless otherwise indicated.

5.3 The operational policies will include, at a minimum, the policies as listed in the Program Standards, Standard Area VI – Program Manual.

5.4 Management reviews policies annually and makes revisions and/or additions as the need arises. Staff/volunteer participation will be sought and encouraged.

5.5 Staff/volunteer review policies and procedures annually and evidence of compliance will be documented upon completion.

5.6 New and revised service policies and procedures are reviewed by all staff and incorporated into the Policy and Procedure Manual of the Service and evidence of compliance is documented upon completion.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA VII

Partnerships and Linkages

Day WMS

Management ensures the development of appropriate partnerships and linkages with community agencies and other service providers.

- 1.0 Management of Withdrawal Management Services are expected to develop partnerships with as many services as necessary, to ensure the most comprehensive and seamless treatment experience possible for clients.**

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA VIII

Financial Management

Day WMS

Management ensures the efficient and effective use of the financial resources of the Service.

1.0 Management prepares the annual operating budget/plan in collaboration with the sponsoring hospital/agency, Advisory Committee and in accordance with the requirements of the LHIN/MOHLTC.

- 1.1 In preparing the budget, consideration is given to:
- resources of the Service (e.g., equipment, volunteers, physical space)
 - the mission, goals and objectives
 - the operating plan
 - the operating budget
 - Management Information System (MIS)

2.0 Management implements and monitors the annual operating budget.

- 2.1 Mechanisms for monitoring the budget include:
- regular analysis of statements and reports
 - consultations with the appropriate financial officer in the sponsoring hospital/agency to forecast surplus or deficit situations on a schedule mutually determined

3.0 An annual audit of the financial operations is performed in accordance with the requirements of the LHIN/MOHLTC or any other funding body.

4.0 Management implements the recommendations made in the financial audit/report as instructed by the sponsoring hospital/agency.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IX

Human Resources Management

Day WMS

The Service has competent, ethical and qualified staff to provide the services essential to the achievement of its mission, goals and objectives.

- 1.0 Staffing patterns are set according to the level of staffing negotiated with the LHIN/MOHLTC, the needs of the individual Service and available resources.**
 - 1.1 All services provided to women will be attended by at least one female staff.
- 2.0 The policies and procedures established by the sponsoring hospital/agency for recruitment, hiring and retention of staff are followed by the management of the Service.**
- 3.0 The policies and procedures established by the sponsoring hospital/agency to ensure verification of the credentials of staff, volunteers and consultants are followed by the management of the Service.**
- 4.0 Position descriptions for all job classifications are in alignment with those of the sponsoring hospital/agency.**
 - 4.1 The position descriptions are revised as necessary, reviewed annually and dated accordingly.
- 5.0 There are position descriptions for all staff employed under a purchase of service agreement from the sponsoring hospital/agency.**
 - 5.1 The position descriptions are written by the department from which the service is purchased.
 - 5.2 A copy of these position descriptions is readily available to all relevant personnel.

6.0 The sponsoring hospital/agency is responsible for current human resource policies and procedures.

6.1 Management ensures the implementation of these policies and procedures.

7.0 All staff/volunteers receive a written evaluation of his/her performance at the completion of the probationary period, annually thereafter or as defined by the sponsoring hospital/agency.

7.1 The Service will meet the criteria for the evaluation as directed by the sponsoring hospital/agency.

7.2 The Service will follow the mechanisms for evaluation of staff as directed by the sponsoring hospital/agency. Mechanisms may include:

- self-appraisals
- peer reviews
- performance appraisals
- review of goals between appraisals
- informal feedback
- formal documentation
- staff education and learning plan

7.3 The evaluation is reviewed, signed and maintained according to the practice of the sponsoring hospital/agency.

7.4 There is provision for the staff/volunteer member to receive a copy of the evaluation.

8.0 There is an orientation of the Service to management, staff, students, Advisory Committee members and volunteers.

8.1 The Orientation includes:

- mission and purpose of the Service
- goals and objectives
- standards of practice
- operational policies and procedures
- services provided
- clients' rights and responsibilities
- structure of the Service
- performance expectations
- relevant legislation
- Occupational Health and Safety requirements
- Employee Assistance Program

- Quality Management Program
- utilization review activities
- risk management activities
- funding agency
- relationship with the community
- any other areas as identified by the sponsoring hospital/agency

8.2 The orientation is completed in a timely manner.

8.3 The orientation to the Service will be documented upon completion.

9.0 There is a professional development program in place for management and staff.

9.1 Professional development provides the knowledge and skills required to assist management and staff in attaining and maintaining competency in their current positions as demands of these roles evolve.

9.2 The professional development plan assists management and staff in pursuing professional interests related to their scope of practice and in preparing for current and future changes in practice, in accordance with the mission and mandate of the Service.

9.3 The professional development/education plan addresses current policies and procedures, as well as needs identified through:

- staff needs assessments
- client surveys
- performance evaluations
- quality management activities
- utilization review activities
- occupational health and safety activities
- risk management activities
- technological change
- new directions within the disciplines/Service
- current and emerging trends
- meetings or seminars relevant to service functions
- opportunities to assist in identifying educational needs
- opportunities to review relevant literature
- self-directed learning
- best practices
- evidence-based guidelines
- research

9.4 Participation in professional development/education activities will be documented upon completion.

10.0 There is an ongoing training and development program for volunteers relevant to their duties and responsibilities.

11.0 Management, staff and volunteers evaluate the orientation and ongoing professional development/continuing education program.

11.1 Mechanisms for evaluation may include:

- participant feedback (e.g., questionnaires/surveys)
- performance assessments

12.0 There are written goals and objectives for all volunteers and students who are on placement in the Service.

12.1 The goals:

- support and contribute to the goals of the Service
- are established prior to the volunteer/student participating in any activities within the Service

12.2 The objectives:

- are specific steps taken to achieve the identified goals
- are realistic and measurable
- include action plans that are reviewed with key stakeholders responsible for the placement
- are monitored to determine if they are being achieved

13.0 Management promotes a positive work environment and the well being of staff and volunteers.

13.1 There is a process to assign staff and volunteers to client and other responsibilities in a fair and equitable manner.

13.2 Staff and volunteers have the opportunity to provide input on their work and job design.

13.3 Staff and volunteers have access to position descriptions.

13.4 Staff and volunteers know their roles and responsibilities.

13.5 Staff and volunteers are respected and recognized by management for their contributions.

- 13.6 Management is responsible for providing a safe environment for staff and volunteers.
- 13.7 Staff and volunteers have access to supports to cope with stressors and other issues.
- 13.8 Management regularly evaluates the effectiveness of staffing and makes changes as appropriate.

14.0 Management promotes and supports an environment that fosters a positive culture among staff and volunteers.

- 14.1 Management will encourage development of team goals, innovation and autonomy.
- 14.2 Management will support and empower staff and volunteers to achieve team goals and objectives.

15.0 There is support for student placement in the Service.

- 15.1 There is an opportunity for placement of students from addiction, mental health and other relevant educational programs within the Service.
- 15.2 A mechanism to provide supervision, support and evaluation for students on placements is in place.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA X

Quality Management

Day WMS

Quality management is developed and implemented by the management of the Service in collaboration with the sponsoring hospital/agency.

1.0 Management ensures implementation of the quality management plan within the Service.

- 1.1 Management monitors, evaluates and reports on those issues identified.
- 1.2 Management identifies and acts upon opportunities to continually improve the services provided.
- 1.3 The methods used to improve these services include, but are not limited to:
 - developing quality indicators
 - assessing
 - planning
 - implementing
 - evaluating
 - reporting
- 1.4 Management ensures that required statistical information is collected and readily available.

2.0 Management reports on formal and informal quality management activities, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XI

Utilization Review

Day WMS

Management develops, implements and reports on utilization review activities specific to the Service in collaboration with the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Management reports on utilization review activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 The utilization review, specific to the Service, will include:
- duration of stay in the Service
 - admissions and re-admissions
 - client population by age, gender and substance of choice
 - the number of visits/contacts
- 1.2 The report on utilization review activities is in a standard reporting format for communication to the Advisory Committee and sponsoring hospital/agency.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XII

Risk Management

Day WMS

Management develops, implements and reports on risk management activities specific to the Service in collaboration with the sponsoring hospital/agency.

1.0 Management reports on risk management activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 Risk management activities specific to the Service includes:
- the prevention, identification and assessment of risks
 - required actions to manage risks to clients, staff/volunteers, property, finances and reputation of the Service
 - evaluation of risk management activities
- 1.2 The report on risk management activities will be in a standard format for communication to the sponsoring hospital/agency and Advisory Committee.

2.0 Management monitors and evaluates the risk management program.

- 2.1 Management ensures that actions are taken to minimize potential risks.
- 2.2 Management ensures that the risk management program is effective in reducing risks to clients, staff/volunteers and the property.
- 2.3 Management consults and collaborates with risk management personnel from the sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA XIII

Occupational Health and Safety

Day WMS

Withdrawal Management Services ensures the health and safety of clients, staff/volunteers and the public and is prepared for disaster and emergency situations.

1.0 Management implements the policies and procedures identified as necessary by the sponsoring hospital/agency.

1.1 These will include:

- health and safety activities
- disaster and emergency preparedness
- infection control activities
- Workplace Hazardous Materials Information System (WHMIS)
- security measures
- Occupational Health and Safety Committee
- Occupational Health and Safety inspections
- management of allergens
- safe storage of chemicals
- the responsibility of staff members and volunteers for taking reasonable care to protect the health and safety of themselves, other staff, clients and the public
- a preventative maintenance program
- formal reports of incidents and accidents
- wellness activities
- the safe location of anti-bacterial hand washes containing alcohol

1.2 There is a mechanism in place to facilitate communication and consultation between the Service and sponsoring hospital/agency regarding identified issues/areas of concern.

1.3 Staff are trained to identify, reduce, manage and report risk.

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA XIV

Providing Safe and Appropriate Services

Day WMS

1.0 Management ensures implementation of policies, procedures and/or protocols which address optimal care and protection of the rights of the clients.

1.1 This will be achieved by:

- hiring competent, ethical and qualified staff
- maintaining accessible and comprehensive clinical records
- ensuring client's right to confidentiality
- ensuring secure storage of client information
- ensuring requirements are met for disclosure of client information
- establishing a statement of client rights and responsibilities
- establishing a Code of Ethics to guide the provision of service
- establishing policies on reporting child protection issues
- having an open, safe and transparent complaint process for clients and families to raise issues or concerns
- establishing a process to handle conflicts of interest and dispute resolution
- establishing a process to address ethics/boundary related issues
- having a process to educate the client regarding the elements of informed consent
- having a process to educate the client, and when appropriate, the family/significant others regarding treatment options and the expected results of treatment and/or the potential consequences of declining treatment
- having a documented process to verify that the client, and when appropriate, the family/significant others understand information provided by the Service
- having a process to ensure the involvement of the client in the planning of their care
- having a process to provide a safe environment
- ensuring accessibility of service to clients who meet admission criteria

2.0 A statement of the client rights and responsibilities will be made readily available to interested parties.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XV

Best Practices

Day WMS

- 1.0 Management uses the latest research, evidence-based guidelines, and best practice information to assess and improve the quality of its services.**
 - 1.1 Management utilizes available research and best practice resources, including those utilized in the development of the Ontario Provincial Standards for Withdrawal Management Services.
 - 1.2 Management utilizes the Ontario Provincial Standards for Withdrawal Management Services to provide direction in the development of policies and procedures.
- 2.0 Management will keep up-to-date with the current and emerging local trends of substance use, to better meet the needs of the community served.**
- 3.0 Management will keep current with emerging and evolving innovations in Addictions and the Withdrawal Management Sector. After consultation with key stakeholders, management will implement appropriate innovations that meet local needs when resources are available.**

PROGRAM STANDARDS

STANDARD AREA I

Mandate, Philosophy and Vision

Day WMS

The Service has clearly articulated statements of Mandate, Philosophy and Vision.

1.0 Management is responsible for clearly identifying the Service mandate as outlined in the Service Agreement.

1.1 The Mandate Statement will contain specific services, as identified by LHIN/MOHLTC, Advisory Committee and/or other key stakeholders, including:

- Day/Evening Withdrawal Management Services
- Pre-treatment
- Aftercare/Follow-up
- Harm Reduction
- Outreach
- Early Intervention
- Case Management
- Standardized Assessments
- Auricular Acupuncture
- Smoking Cessation
- Partnerships with Residential Withdrawal Management

1.2 The statement is readily available to interested parties, as required.

1.3 The statement is reflected in the Service's Standards of Care.

2.0 Management is responsible for developing Statements of Philosophy and Vision that are clearly articulated.

2.1 The above statements are:

- posted in the service
- available to interested parties, as required

2.2 The above statements are reflected in the Service's Standards of Care.

PROGRAM STANDARDS

STANDARD AREA II

Service Agreement

Day WMS

Funding Agreement

- 1.0 Management of the Service will implement the programs mandated in the Service Agreement between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.
- 2.0 Management of the Service will implement revisions/changes identified in the annual review of the Mandate.
- 3.0 Management of the Service will communicate revisions/changes of the Mandate to:
 - Advisory Committee
 - Service Staff
 - Community at Large

Partnership Agreements

- 1.0 Management of the Service may establish formal service agreements with community partners to facilitate service delivery to clients.
- 2.0 Management of the Service will implement strategies defined in agreements with community partners.
- 3.0 Management of the Service will communicate agreements with community partners to:
 - Advisory Committee
 - Service Staff

PROGRAM STANDARDS

STANDARD AREA III

Mission, Goals and Objectives

Day WMS

1.0 The Service has a Mission Statement that is in alignment with the Mission Statement of the sponsoring hospital/agency.

2.0 The Service has identified program goals.

2.1 Goals which are common to all Day Withdrawal Management Services include:

- a partnership agreement to provide 24-hour access to safe withdrawal management by residential Withdrawal Management Centres/Services
- responding to the needs of the clients in a welcoming, non-judgemental, respectful manner
- having policies and procedures which address all components of the Service and which meet legal requirements, including confidentiality and privacy of health information
- serving as a link to other categories of withdrawal management services, as required and where available
- serving as a link to ongoing treatment services
- remaining current and recognizing the needs of the client population and the local community
- maintaining a data collection system that meets provincial and local requirements, supports program evaluation and research needs and identifies changing trends in the client population
- having a process for ongoing client feedback, evaluation and appropriate response
 - assisting clients to access services to address any presenting co-occurring addictions (e.g., gambling)
 - assisting clients to address their concurrent disorders

2.2 Goals specific to the individual Day Withdrawal Management Service include:

- consideration of the specific needs of the community served and client population as a means of being inclusive, accessible and diverse (e.g., cultural, geographical and gender-specific)

3.0 The Service has identified client goals.

3.1 Goals common to all day withdrawal management service clients include:

- access to a safe/supportive environment
- withdrawing from substances
- identifying clients' strengths and needs
- completing withdrawal
- involving clients in identifying their needs, developing individual care and discharge plans and appropriate referrals

3.2 Specific client goals are individualized according to identified needs and are documented in the client plan of care.

4.0 The Service has clearly defined objectives.

4.1 The objectives are the means by which the identified common and specific service goals are achieved.

5.0 The Service has clearly defined client objectives.

5.1 The objectives are the means by which the identified common client goals are achieved.

6.0 The Service has a mapping tool that addresses all services provided and facilitates evaluation (e.g., Logic Model).

6.1 The tool used will contain common core components mandated to Withdrawal Management Services including:

- Crisis Intervention
- Entry Services (Information, Screening and Intake)
- Initial and Ongoing Assessment
- Withdrawal Management
- Supportive and Educational Counselling
- Discharge Planning
- Community Education
- Implementation of Standardized Provincial Assessment Tools
- Referral

PROGRAM STANDARDS

STANDARD AREA IV

Program Activity Information System

Day WMS

- 1.0 The Service has a system for collecting accurate, aggregate data in a format that permits data retrieval and analysis for the purpose of description, service planning, program planning and research.**
 - 1.1 Participation in the data collection system established by the LHIN/MOHLTC and/or the sponsoring hospital/agency is mandatory.

PROGRAM STANDARDS

STANDARD AREA V

Program Reporting

Day WMS

- 1.0 Reporting is a requirement set by the LHIN/MOHLTC, the sponsoring hospital/agency and/or requested by the Advisory Committee or required by the individual service for effective internal communications.**
- 1.1 The schedules and content of the reports are determined by the individual bodies.
 - 1.2 Reports are completed, as required.
 - 1.3 Reports are submitted on time.
 - 1.4 Reports are compliant with the Personal Health Information Protection Act (PHIPA).
 - 1.5 Recommendations offered in response to the reports are acted upon within the determined time frame.
 - 1.6 The integrity of the data is assured.

PROGRAM STANDARDS

STANDARD AREA VI

Program Manual

Day WMS

1.0 There is a service policy and procedure manual retained in the Service and available to all staff. This manual is a supplement to and in alignment with the sponsoring hospital/agency policy and procedure manual and is specific to the Service and is reflective of the provincial withdrawal management services standards.

1.1 The manual includes, but is not limited to, the following sections:

- Index
- Administration
 - ◆ Mission/Philosophy/Vision/Values
 - ◆ Service Agreements
 - ◆ Organizational Chart
 - ◆ goals and objectives
 - ◆ client complaint procedures
 - ◆ monitoring and evaluation of policies and procedures
- Human Resources
 - ◆ recruitment, hiring and retention
 - ◆ position descriptions
 - ◆ staff training and development
 - ◆ qualifications
 - ◆ volunteer program, if applicable
 - ◆ performance review
 - ◆ professional boundaries, ethics and conflict of interest
 - ◆ conflict and dispute resolution
- Occupational Health and Safety
 - ◆ Workplace Hazardous Materials Information System (WHMIS)
 - ◆ emergency procedures
 - ◆ incident reporting
 - ◆ staff safety
- Risk Management
 - ◆ infection control
 - ◆ client and volunteer safety
 - ◆ liability issues
 - ◆ transportation
 - ◆ reporting of child abuse and neglect
 - ◆ policy for police reporting

- ◆ incident reporting
 - ◆ confidentiality
- Operational Procedures
 - ◆ Drug and Alcohol Treatment Information System (DATIS)
 - ◆ Management Information System (MIS)
 - ◆ records and accountabilities
 - ◆ media relations/communication plan
- Client Care
 - ◆ client guidelines
 - ◆ medications
 - ◆ admission and discharge criteria
 - ◆ admission and discharge policies
 - ◆ policy on involvement of client, and when appropriate, family/significant others
 - ◆ policy on informed consent and substitute decision makers
 - ◆ waiting list policies
- Client Records
 - ◆ care, storage and retention
 - ◆ format, frequency and content of recordings
 - ◆ transport of records for off-site withdrawal management services
 - ◆ maintaining an integrated client record
 - ◆ confidentiality (compliant with PHIPA)

PROGRAM STANDARDS

STANDARD AREA VII

Client Records

Day WMS

The format for client records are determined by the Service, the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Client information is accurate, accessible, up-to-date and secure. This will be ensured by:

- staff maintaining an accurate and up-to-date record for each client
- staff meeting applicable legislation for protecting the privacy and confidentiality of client information
- appropriate staff having timely access to client information
- staff sharing client information and coordinating its flow within the Circle of Care (PHIPA)
- staff sharing client information and coordinating its flow with other care teams and/or organizations, as appropriate and required, ensuring informed consent is obtained

2.0 Admission documents contain:

- personal data (e.g., name, current address and phone number, gender, age, relationship status, occupation)
- name, address and phone number of contact person in case of emergency (e.g., parent, spouse, significant other)
- name, address and phone number of the family physician
- name, address and phone number of other professional(s) or community services involved with the client
- name and telephone number of referral source and relationship to client
- presenting issues
- history of current and past substance use
- relevant medical/medication information and/or problems
- possibility of pregnancy, when appropriate
- care of minor children, when appropriate
- living situation (e.g., no fixed address, on own, with family/significant other, group home, hospital)
- home address prior to entry into service
- relevant legal information
- previous and current utilization of addiction or mental health services and frequency and duration of hospital stays
- language(s) spoken or understood

- literacy issues, if identified
- personal risk (e.g. environmental, health, social)
- issues with safety of minor children in the home

3.0 The process document contains all relevant information pertaining to the clients while under active care of the Service.

3.1 This includes:

- individual plan of care for each client
- a record of services utilized by the client, including dates (e.g., progress notes, group participation record)
- a record of activities undertaken by the client (e.g., self-help, court appearance)
- a record of case conferences as related to the individual client
- a record of consent to service by the client
- attendance and/or compliance with plan of care
- referrals made
- referrals accepted
- record of education provided to client, and when appropriate, family/significant other as it relates to:
 - ◆ informed consent
 - ◆ confidentiality and limitations
 - ◆ treatment options offered and the explanation of expected results of treatment and/or potential consequences of declining treatment offered
 - ◆ client involvement in the planning of their care
- a record of informing clients about the process for registering a complaint
- a response to requests for access to health records
- release of information authorizations and informed consents
- updating of the information contained in the intake document, as necessary
- record of all clinical interventions

4.0 Discharge Document contains:

- date and time of discharge from the service
- a general evaluation of client status at time of discharge as it relates to client objectives and their related criteria
- discharge summary (e.g., service completed, withdrawal from service, change of residence, service refusal, referrals accepted at time of discharge, summary of services utilized while with the service)
- forwarding address of client, if different from admitting address
- update on information contained in the intake document, as necessary

- 5.0 Post discharge clinical contact is documented within the client record.**
- 6.0 Multifunctional services will maintain an integrated client record.**
- 7.0 The Service has clearly defined standards for documenting which will outline the format, content and frequency.**
 - 7.1 The format, content and frequency are determined collaboratively between the Service and the sponsoring hospital/agency.
- 8.0 The client record is either filed with an existing client record or is readily accessible if filed separately.**

PROGRAM STANDARDS

STANDARD AREA VIII

Quality Monitoring

Day WMS

The Service has a process for establishing quality indicators and utilizes the findings to make improvements. The process is in alignment with the requirements of the sponsoring hospital/agency and LHIN/MOHLTC.

1.0 The Service uses the latest research, evidence-based guidelines and best practice information to improve the quality of its services.

2.0 The process includes:

- assigning responsibility
- identifying indicators of quality for important processes, functions and outcomes
- establishing criteria for acceptable performance for each indicator
- collecting and analyzing data
- where appropriate, taking action to improve performance
- where appropriate, reviewing the effectiveness of corrective action
- reporting

3.0 Quality indicators common to all services include:

- utilization data
- client surveys
- referral source surveys
- withdrawal completion data
- incident/accident reports
- referrals to other resources

4.0 The Service develops individual quality indicators specific to the services provided.

PROGRAM STANDARDS

STANDARD IX

Medication

PREAMBLE

All standards are intended to be baselines upon which local policies and procedures are developed. In no way do they replace the need for service policies and procedures. These medication standards are general in nature; yet prescriptive enough to point to a quality of care that all Withdrawal Management Services should be working towards in order to be client-centred and responsive to current and emerging client needs.

Due to the sensitive and often complex nature of medication issues, policies and procedures will be, in part, dictated by such variables as human resources, proximity to medical and pharmaceutical services, physical layout of the facility, geographical area, the policies and procedures of the sponsoring agency and fiscal resources. Client variables that may influence decisions regarding medication accessibility for clients would include age, physical condition, client drug(s) of choice, and ability to pay for medications. The decisions affected by this second set of variables are generally made on a case by case basis.

PROGRAM STANDARDS

STANDARDS AREA IX

Medication

Day WMS

Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, legal requirements and follow prudent risk management practices.

1.0 The following guidelines are based on collaboration with experts in addiction medicine and Withdrawal Management Services.

- 1.1 There will be Policies and Procedures in place related to clients' use of medication.
- 1.2 There will be Policies and Procedures in place to address recording of the medications being taken by the client.
- 1.3 There will be Policies and Procedures in place related to the use of potentially addictive pain medications. These will be limited to prescription medications for the management of significant or severe pain.
 - 1.3.1 The policies and procedures will address safeguards and appropriate consent in relation to consultation with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.
 - 1.3.2 The policies and procedures will address consultation with the prescribing physician regarding an alternative medication when the prescribed medication is the drug of choice used by the client. In addition, consultation may include other non-medicating alternatives (e.g., meditation, relaxation, acupuncture).
- 1.4 There will be Policies and Procedures in place related to the use of potentially addictive psychoactive medications. These will be limited to prescribed medications for diagnosed mental health disorders, whether pre-existing or diagnosed while the individual is a client in the service.
 - 1.4.1 The policies and procedures will address limiting the self-administration of those medications prescribed to maintain, establish or re-establish stability for a diagnosed mental health disorder(s).

- 1.4.2 The policies and procedures will address safeguards in relation to necessary consultations, with the prescribing physician, regarding the need for continued use and the risks of abrupt cessation.
- 1.5 There will be Policies and Procedures in place related to medications prescribed for all other medical conditions.
 - 1.5.1 The policies and procedures will address client's continued use of medications as prescribed.
- 1.6 There will be Policies and Procedures to address the time frame required between the last drink or ingestion of any other drug(s) used and resumption of the medication regime (rationale – many medications are contraindicated in conjunction with alcohol consumption or may interact with other medications/drugs taken prior to admission which requires professional pharmacological advice).
- 1.7 There will be Policies and Procedures in place related to the need for staff to consult with the prescribing physician, when a potentially addictive medication is prescribed while the individual is a client in the service.
 - 1.7.1 The policies and procedures will address that the consultation will include the need for the medication, possible alternatives and the duration of the prescription.
- 1.8 There will be Policies and Procedures addressing medications and preparations (e.g., mouthwash) that contain alcohol.
 - 1.8.1 The policies and procedures will identify substances containing alcohol that are not permitted for use while in the care of the service.
 - 1.8.2 The policies and procedures will address safe location of anti-bacterial hand washes containing alcohol.

PROGRAM STANDARDS

STANDARD AREA X

Diversity and Cultural Responsiveness

Day WMS

The Service encourages and supports a workplace environment that promotes diversity and cultural responsiveness.

- 1.0 Management will ensure that strategies are in place to address possible barriers towards being inclusive and diverse.**
 - 1.1 Respect will be demonstrated to all clients and co-workers.
 - 1.2 Non-discriminatory practices are expected by all staff.
- 2.0 There will be recognition of the unique needs of diverse cultural groups.**
 - 2.1 Every effort will be made to accommodate the requirements as follows:
 - dietary (i.e., preparation, particular foods)
 - interpreters when required
 - special rites and practices (e.g., smudging, praying)

PROGRAM STANDARDS

STANDARD AREA XI

Harm Reduction

Day WMS

Harm associated with substance use ranges from low to high risk. Harm reduction strategies are pragmatic and are delivered in a non-judgemental framework to reduce individual and community harm. The focus involves incremental steps to reduce the harm associated with higher risk behaviour. Abstinence is on the continuum of harm reduction and may be a possible goal.

- 1.0 There will be policies and procedures relating to harm reduction services that are currently offered and for future initiatives as they emerge.**
 - 1.1 The policies and procedures will address supporting clients on a stabilized Methadone Maintenance Program.
 - 1.1.1 Policies and procedures will address compliance with legal requirements.
 - 1.1.2 Policies and procedures will address arrangements for the client to safely obtain their Methadone off-site.
 - 1.2 The policies and procedures will address medication tapering and will be in alignment with the Medication Standards.
 - 1.3 The policies and procedures will address accessibility for current and former clients who relapse or used substances while they are/were a client of the Service.
 - 1.4 The policies and procedures will address current and future harm reduction initiatives appropriate for implementing in a day withdrawal management setting.

PROGRAM STANDARDS

STANDARD AREA XII

Program Evaluation

Day WMS

Evaluation is a component of every Service.

1.0 Evaluation is based on assessment of service delivery and attainment of client, program and administrative goals.

- 1.1 The evaluation is ongoing and accomplished by:
- internal evaluation of core components using specific indicators
 - external evaluation by the LHIN/MOHLTC and/or designate and the Canadian Council on Health Services Accreditation specific to addiction services
 - the evaluation should incorporate the most current “Ontario Withdrawal Management Standards” as a guide and/or measurement tool

PROGRAM STANDARDS

STANDARD AREA XIII

Association Membership

Day WMS

Management of Withdrawal Management Services should have access to current clinical information, trends in Addictions, a support system of withdrawal management peers and have the opportunity to participate in system planning in the addiction treatment sector. It is important to participate in partnerships/organizations which will support the meeting of these goals.

1.0 Withdrawal Management Services will maintain membership in relevant association(s).

1.1 The following are examples of such resources:

- provincial and regional addiction associations
- provincial and regional health services planning bodies

STANDARDS OF CLIENT CARE

PREAMBLE:

The philosophy underlying client care is:

- clients are to be treated with respect, dignity and autonomy and with recognition of their individual needs
- clients are full partners in their care
- safety will be a primary consideration both in the delivery of care and in the care environment

The Standards of Care focus on the client and specify the care and treatment to be provided.⁴

The standards of client care are based on:

- the Mission Statement, Philosophy and expectations of the sponsoring hospital/agency
- the Mission Statement, Philosophy and service directives of the individual Service
- the Standards of Practice governing the staff affiliation represented within the Services (e.g., College of Nurses, College of Social Work, Canadian Addiction Counsellors Certification Federation) and standards of practice reflected within the service policies and procedures
- research of relevant best practice documents
- relevant legislation

⁴ Treatment in this context is the level of service provided within the scope of the revised provincial service mandate (Level I, II, III)

STANDARDS OF CLIENT CARE

Standard Area I

Intake

Day WMS

Intake includes pre-admission screening, admission and client orientation.

1.0 There is a co-ordinated process for timely access to services for current and potential clients.

- 1.1 Barriers that prevent clients, families and referring organizations from accessing services are identified and when possible removed.
- 1.2 When service is requested there is a timely process for response.
- 1.3 There are set criteria for service eligibility when deciding whether to offer services to potential clients, and when appropriate, family/significant others.

2.0 Pre-admission screening

- 2.1 Pre-admission screening includes, but it not limited to:
 - recent drug use (e.g., substances used, quantity, time and duration of last use)
 - appropriateness for safe withdrawal in a non-medical service as per admission criteria
 - current physical and mental health
 - any illness or injuries
 - any other issues of significance to ensure safety of clients, staff/volunteers
- 2.2 A formal screening tool will be utilized.
- 2.3 An additional tool to assess the severity of withdrawal symptoms will be utilized, as appropriate.

3.0 Admission

Admission includes a systematic and pertinent collection of objective data. This collection of data is a process and all information may not be attainable at the time of admission, dependent on the level of client impairment and other possible barriers such as language. Data will be gathered at the first opportunity.

- 3.1 All admission documentation includes the following:
- date and time of admission
 - source of referral
 - reason for admission
 - symptoms of intoxication or withdrawal
 - identification of intoxicating substances used (if known), quantity, method taken and last use
 - level of mobility
 - level of coherence
 - description of behaviour exhibited
 - need for immediate medical attention
 - ongoing medical problems and required aids including glasses, contact lenses, dentures, hearing aids and required prosthesis
 - history of seizures – epilepsy or alcohol induced
 - history of diabetes, heart disease, allergies or any significant medical history (e.g., pregnancy)
 - medications used (prescribed, over-the-counter and herbal preparations)
 - emotional/mental status (e.g., suicidal ideation, physical and/or verbal cues, mental health or concurrent diagnosis)
 - current medical/mental health worker
 - documentation of any unusual occurrence/event
 - identified support systems
 - safe care of minor children
 - safety/violence screening for women
 - emergency contacts

4.0 Client Orientation

To promote informed decisions by clients regarding their treatment, there will be a process for orientation, and when appropriate, the involvement of family/significant others.

- 4.1 The process for orientation includes:
- physical environment
 - introduction to staff
 - introduction to other clients
 - routines of care (e.g., process for delivery of service)
 - a record that the client has been informed of the process for delivery of service
 - relevant programs and services available

- review of client guidelines
- a record that the client has been informed of the client guidelines
- direction as to what to do in case an emergency should arise and a record of the directions provided

4.2 Information about client and family rights and responsibilities including, but not limited to:

- regulations regarding confidentiality
- explanation regarding the “Circle of Care” practices
- explanation of informed consent to service and for the disclosure of health records and the limitations of consent (e.g., Duty to Report, medical emergency, instances where there is an imminent threat of harm to self or others)
- service agreement between the client and the Service
- encouragement and support of personal choice
- opportunities to participate in care and treatment
- opportunities to participate in team conferences affecting their care
- a process whereby issues or concerns related to the quality of care and treatment can be addressed
- formal complaints procedure

STANDARDS OF CLIENT CARE

STANDARD AREA II

Intoxication and Withdrawal Management

Day WMS

The management of withdrawal includes monitoring, ongoing assessments, support, documenting and crisis management. The frequency of monitoring and intensity of ongoing assessment is dependent upon the level of withdrawal and scope of service.

1.0 There are established guidelines based on research and best practice literature, related to the expected withdrawal processes for a variety of substances. The Service implements and integrates this knowledge into the management of withdrawal phase of care.

- 1.1 Implementation of the established guidelines and Best Practices is coordinated among team members in the provision of care.
- 1.2 The client is referred to and/or transferred for medical attention if there is a significant deviation from the expected outcomes.
- 1.3 The client may choose to access medical assessment/intervention at any time.

2.0 Monitoring

In this context, monitoring means the process of regularly checking the client for any signs and symptoms indicating changes in status. This process is ongoing for the duration of their involvement with the Service.

- 2.1 A monitoring format will be established by the Service for use during the withdrawal phase and will include:
 - level of monitoring required
 - frequency of monitoring
 - duration of monitoring
 - signs of intoxication and referral to appropriate service setting

3.0 The Service develops, in collaboration with its sponsoring hospital/agency, a written protocol to address high-risk situations.

3.1 These include:

- clients living with diabetes
- suicidal ideation
- head injuries
- seizures
- pregnancy
- self harm
- other situations as identified from time to time

4.0 Ongoing Assessment

In this context ongoing assessment means the process by which the client's condition is systematically reviewed for the purpose of identifying change in status, determining appropriate action and developing a plan of care.

4.1 There is ongoing assessment throughout the duration of the client's involvement with the Service.

4.2 Appropriate action is taken as a result of the assessment.

4.3 The action is documented and necessary changes to the plan of care are implemented.

5.0 Support

Support includes those actions which focus on increasing the client's general well being.

5.1 This includes the areas of:

- assistance with shelter, hygiene and nutrition
- personal safety
- support based on the identified physical, emotional and spiritual needs of the individual

6.0 Documentation

The Service has clearly defined standards for documenting which will outline the format, content and frequency.

6.1 The format, content and frequency is determined collaboratively between the Service and the sponsoring hospital/agency.

- 6.2 A plan of care is developed collaboratively between service staff, client, and when appropriate, family/significant others and other community workers currently providing care.
- 6.3 There is a process for review and revision of the individual plan of care. The process will include:
- reviewing of the actual outcomes of care and treatment against the expected outcomes of the client and staff
 - revising the plan of care in consultation with the client, based on the conclusions of the review

7.0 Crisis Management

Crisis Management includes the immediate intervention in an emergency situation.

- 7.1 All Services will have policies for emergency situations (e.g., seizure protocol, cardiac arrest, trauma requiring medical attention, assaults, suicidal ideation/intention and all other medical emergencies).

STANDARDS OF CLIENT CARE

STANDARD AREA III

Ongoing Client Care and Treatment

Day WMS:

1.0 There is a process of preparing the client for care and treatment.

- 1.1 There will be coordination of the following activities:
- identifying appropriateness of individuals for treatment in the Service
 - explaining the services provided to the client
 - retrieving information from the client, referring source and/or records of previous admissions
 - explaining the process of care to the client

1.2 Ensure orientation process is completed.

2.0 There is a process in place for ongoing assessment.

- 2.1 An individual's needs are identified and evaluated based on:
- substances used
 - strengths
 - challenges
 - barriers to recovery
 - medical/mental health
 - available supports
- 2.1 An assessment and history is documented and relates to:
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
 - present level of functioning
 - allergies
 - medication therapy, including drug-related problems
 - nutrition, including the need for supplements or a special diet
 - cultural preferences and beliefs
 - client understanding of the impact of his/her substance use
 - level of literacy
 - ability and/or desire to participate in care and treatment
 - community supports available upon discharge

- goals and expected outcomes of care and treatment
- participation of the client in setting goals and expected outcomes
- smoking cessation treatment

3.0 The care and treatment process includes developing and implementing a therapeutic plan and monitoring the achievement of intended outcomes.

3.1 The key components of care and treatment are identified for each client and include:

- managing symptoms
- maintaining client privacy and dignity
- physical care related to treatment and comfort
- assisting with activities of daily living
- providing a therapeutic and safe environment
- measures to prevent infection and other adverse occurrences
- nutritional support
- supportive counselling and education
- support for those with special care/treatment requirements, including children, child care issues, cultural, language, literacy level, concurrent disorders, age and gender
- religious and/or spiritual support
- emotional support and counselling of the client
- identifying and addressing barriers to accessing treatment options
- referrals to other community services when client needs can not be met within the Service's mandate
- accurate and timely recording of interactions/treatments provided and the outcomes to those interactions/treatments
- accurate record keeping and transfer of information at transition points (e.g., discharge summaries to referring agencies)
- documented evidence that timely transfer of information has occurred
- involvement of family/significant others, when appropriate

3.2 The options for care and treatment are explained so that the client, and when appropriate, family/significant others is able to make informed decisions.

3.3 Staff members understand each other's roles and their contribution to the implementation of care and treatment.

3.4 Education is provided to the client, and when appropriate, family/significant others as it relates to:

- immediate and continuing care needs

- health promotion and disease prevention, harm reduction, self-help options and the addiction continuum of care
- ensuring client awareness of his/her choices and active involvement in his/her care/treatment

4.0 There is a process to prepare the client for discharge.

4.1 Discharge planning is initiated and includes:

- determining the client's level of knowledge, and when appropriate, family/significant others about the options for continuing care
- providing options for continuing care
- involving other community care providers in the planning process
- a process for referral
- a process to ensure that clients understand and know how to access an aftercare plan and resolve unanswered questions
- a written discharge follow-up plan to be given to clients
- consideration of violence potential for the discharge environment for women and formulation of an appropriate safety plan
- a referral to women's only services as a first choice for women, based on best practices

5.0 There are processes related to maintaining an integrated client record.

5.1 Information contained in the client record is consistent with the sponsoring hospital/agency requirements.

5.2 Information contained in the client record will be accurate, accessible, up-to-date and secure.

5.2.1 Records meet applicable legislation for protecting the privacy and confidentiality of client information.

5.2.2 Appropriate staff have timely access to client information.

5.2.3 Staff shares client information and coordinates its flow between Service staff and other community workers involved in the client's care, with informed consent and as required.

5.3 Care and treatment is documented and includes, but it not limited to:

- current level of functioning
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
- report of physical/emotional condition at the time of admission

- evidence of involving client, and when appropriate, family/significant other and community partners, as applicable in care and treatment planning
- progress notes, reports and/or consultations
- evidence of educating the client, and when appropriate, family/significant others and their responses
- client response to care and treatment
- outcomes of care and treatment
- evidence of discharge planning including necessary instructions to client, and when appropriate, family/significant others for follow-up care

6.0 The care and treatment process as a whole is consistent with applicable legislative requirements, standards of practice and the code of ethics of respective disciplines and the code of ethics for all service workers/volunteers.

7.0 There is a process for review and revision of the individual plan of care and treatment.

7.1 The actual outcomes of care and treatment are reviewed by the client and staff against the expected outcomes.

7.2 Variations between the actual and expected outcomes are reviewed.

7.3 In consultation with the client, and when appropriate, family/significant others, the plan of care and treatment is revised based on the conclusions of the review.

8.0 There is a plan to meet ongoing client care following discharge.

8.1 The plan relates to:

- coordinating access and/or referral to addiction treatment and community support services (e.g., outreach programs, self-help groups)
 - ◆ information about available community support services is given to the client
 - ◆ information is given to the community support service, with client's authorization/informed consent
 - ◆ the substitute decision maker will provide consent if the client is incapable of providing consent
- communicating all relevant information to the referring source and family physician with the consent of the client

- documenting plans and referrals for follow-up care and treatment in the client record, including:
 - ◆ place, date and reason for referral
 - ◆ contact person, as appropriate
 - ◆ report of the outcomes of care and treatment, as appropriate
- client receives a written copy of the aftercare plan
- ongoing telephone support

STANDARDS OF CLIENT CARE

STANDARD AREA IV

Quality Monitoring and Improvement

Day WMS

1.0 There are processes for monitoring and improving the quality of care and treatment.

1.1 These will include analysis of data from:

- client satisfaction questionnaires
- feedback mechanisms by referring agencies
- reports of incidents and/or unusual occurrences
- the percentage of clients completing withdrawal process
- peer and management chart audits
- the client complaint process

1.2 The processes are developed and implemented collaboratively by the staff, client, and when appropriate, family/significant others.

1.3 The staff use the latest research, evidence-based guidelines and best practice information to maintain ongoing quality of care.

2.0 There is a process for reviewing client care guidelines to ensure relevancy.

2.1 These will include the following sources:

- records of information
- client record
- job performance review
- meetings with the clients
- feedback from client
- staff meetings
- monitoring current client needs
- best practices
- Advisory Committee

3.0 There are indicators for outcomes of care.

3.1 The indicators for the outcomes are developed collaboratively by the staff and management.

3.2 Indicators for outcomes may be developed by Withdrawal Management Services/sponsoring hospital /agency and other key stakeholders.

4.0 There are indicators for quality of care.

4.1 The indicators are related to:

- processes and outcomes of client care/treatment
- the delivery and cost of service provision

5.0 Processes related to quality of care and treatment are selected in order of priority. These can be referenced to the CCHSA's Accreditation Program 2008, Mental Health Services.

5.1 Priority is given to processes that are:

- high risk
- high volume
- problem prone

5.2 Aspects of quality that are considered when determining priorities include any or all of the following:

- safety
- competence
- acceptability
- effectiveness
- appropriateness
- efficiency
- accessibility

6.0 Activities are undertaken to implement required improvements.

6.1 The resulting improvements are identified, implemented and documented.

7.0 The outcomes of quality improvement activities are communicated to all relevant stakeholders.

7.1 The outcomes are communicated through:

- reports
- newsletters or bulletins
- educational activities
- meetings
- postings within the Service where they are visible to consumers and staff

- team conferences
- interactions between individuals
- web-sites

8.0 There is ongoing evaluation of the improvements.

- 8.1 Responsibility is assigned for evaluating the improvements in care and treatment over time.
- 8.2 Monitoring activities include:
- repeat survey/evaluation
 - ongoing data collection, analysis and dissemination, as required
- 8.3 When necessary, changes are initiated to ensure quality improvements.

STANDARDS OF CLIENT CARE

STANDARD AREA V

Care Considerations for Older Adults

Day WMS

Older adults may experience more complications during withdrawal than younger adults, as the liver and kidney metabolize and eliminate alcohol or other substances more slowly.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of the older adult population.**
 - 1.1 The policies and procedures will address consideration for a longer length of stay for withdrawal from alcohol or other substances, based on individual circumstances (e.g., older adults may need up to 2 weeks for withdrawal, depending on the amount consumed, health status and interactions with other medications).
 - 1.2 The policies and procedures will address the possible need for older adults to receive a medical assessment at a less intense level of withdrawal than younger adults (as indicated in “Best Practices and Effective Community Development Strategies to Prevent and Address Alcohol Problems Among Seniors”).

STANDARDS OF CLIENT CARE

STANDARD AREA VI

Concurrent Substance Use and Mental Health Disorders

Day WMS

Clients with concurrent (addiction and mental health) disorders are at increased risk of medical and psychosocial negative outcomes. It is important to provide specifically designed interventions for these clients.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of clients with concurrent disorders.**
 - 1.1 The policies and procedures will address providing care collaboratively with other care providers (e.g., mental health clinician or physicians involved in the care of the individual and appropriate consent will be obtained).
 - 1.2 The policies and procedures will address situations that, if they arise, will require a referral for medical assessment (e.g., expressions of suicidal intention, non-compliance with medication regime, or symptoms of psychosis).

STANDARDS OF CLIENT CARE

STANDARD AREA VII

Care Considerations for Pregnant Women

Day WMS

Risk to the unborn child/children of pregnant women is well established. For this reason ease of access to the addiction treatment system is imperative. All pregnant women presenting for service will be referred for a medical assessment prior to admission.

1.0 There will be policies and procedures in place regarding ease of access.

- 1.1 The policies and procedures will address priority admission for pregnant women, including arranging appropriate alternative referrals when admission is not possible.
- 1.2 The policies and procedures will address consideration for extended stay.
- 1.3 The policies and procedures will address priority service for relapse from treatment programs.

2.0 There will be policies and procedures in place regarding referrals.

- 2.1 The policies and procedures will address mandatory referral for medical intervention for all alcohol withdrawal.
- 2.2 The policies and procedures will address cessation of opioids or sedatives/benzodiazepines only under medical supervision.
- 2.3 The policies and procedures will address priority referrals to treatment agencies/services.
- 2.4 The policies and procedures will address referral process to Public Health.
- 2.5 The policies and procedures will address referrals for possible methadone treatment for opioid dependent women due to the impact of use and withdrawal on pregnancy and the unborn child/children (e.g., spontaneous abortion, pre-term labour, fetal death, neonatal withdrawal).

- 2.6 The policies and procedures will address screening for sexually transmitted infections (STI's), HIV, TB, Hepatitis B and C, for impact on pregnancy and health of the unborn child/children.
- 2.7 The policies and procedures will address referral to an addiction medicine specialist with expertise in pregnancy, where available (according to "Managing, Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses").

3.0 There will be policies and procedures in place regarding ongoing care.

- 3.1 The policies and procedures will address a protocol for the necessity of pre-natal care.
- 3.2 The policies and procedures will address education and support regarding the impact of substances on pregnancy and the unborn child (e.g., Motherisk, Addictions Early Childhood Development Initiative projects).
- 3.3 The policies and procedures will address staff awareness of complications from substance use by pregnant women.
- 3.4 The policies and procedures will address the advisability of Case Management.

EDUCATION STANDARDS

STANDARD AREA I

Basic Education and Core Competencies

Day WMS

1.0 The Service ensures recruitment and hiring of front-line workers that is consistent with the recognized minimum education, skills, knowledge base and core competency requirements.

1.1 Minimum education requirement:

- two year post-secondary diploma in a Health or Human Service Program, complemented by addiction studies

1.2 Demonstrated knowledge in:

- cultural sensitivity and inclusivity
- theories of addiction
- fundamental concepts of addiction
- treatment approaches/modalities
- pharmacology relevant to withdrawal management
- self help groups
- relapse prevention
- harm reduction
- effective withdrawal management
- group dynamics
- stages of change
- motivational interviewing
- trauma (as it relates to addiction)
- admission and discharge tools
- relevant best practices
- behaviour management
- mental health issues
- models of withdrawal management service delivery
- computer skills
- recognition of signs and symptoms of impairment

1.3 Required training in:

- C.P.R.
- first aid
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

- non-violent crisis intervention
- documenting principles

2.0 The Service has support services reflective of its specific needs and may include housekeeping, dietary, clerical and maintenance. The educational requirements and knowledge base for these positions is in alignment with the sponsoring hospital/agency.

2.1 Individuals holding these positions in a Withdrawal Management Service are sensitive to the client population, the program environment and confidentiality requirements.

3.0 The Service ensures that recruitment and hiring of Coordinators and Supervisors is consistent with recognized minimum education, skills, knowledge base and core competency requirements.

3.1 A minimum of a Bachelor Degree in a Health or Human Services discipline complimented by addiction studies and/or equivalent combination of education and experience. A minimum of three years clinical experience in the addiction and/or related health field is required. Certified Clinical Supervisor and/or other relevant certification is an asset.

3.2 Demonstrated core competencies including:

- leadership skills
- interpersonal communication skills
- problem solving skills
- conflict resolution skills
- staff management/supervision skills
- organizational skills
- diversity management
- clinical supervision

3.3 Skills and knowledge in:

- human resource management
- quality assurance and risk management
- shift scheduling
- providing staff training and education
- report writing
- the use of computers and applicable software
- debriefing techniques
- vicarious trauma/compassion fatigue
- models of withdrawal management service delivery

4.0 The recruitment of and hiring criteria for the Manager/Director is the responsibility of the sponsoring hospital/agency.

4.1 Recognizing that Withdrawal Management Services tend to be complex, it is recommended that the Manager/Director minimally meets the qualifications required for a Supervisor/Coordinator and is knowledgeable and experienced in the addictions field.

5.0 The Service ensures recruitment of volunteers with recognized skills relevant to their roles/duties, where applicable.

EDUCATION STANDARDS

STANDARD AREA II

Orientation and Professional Development

Day WMS

The Service provides orientation, ongoing training and professional development for all staff, students and volunteers.

1.0 There is orientation for staff, volunteers and students.

- 1.1 The orientation to the service includes:
- physical layout of the service
 - mission and philosophy
 - position description/responsibilities
 - performance expectations
 - policy and procedure manuals
 - orientation to all relevant shifts
 - disaster and emergency plans
 - introduction to all staff
 - program goals and objectives
 - confidentiality requirements
 - safety and emergency procedures
 - quality improvement programs
 - health and wellness plans
- 1.2 The orientation to the sponsoring hospital/agency may include:
- mission and philosophy
 - services and programs provided in the facility
 - organization of the facility
 - introduction to key personnel
 - external disaster procedures
 - human resources policies and procedures
 - tour of the facility
 - Employee Assistance Program (if applicable)
 - Occupational Health and Safety Program (including Fire Safety, Infection Control and WHMIS)
- 1.3 Orientation is completed in a timely manner and participation is documented upon completion.

2.0 There are professional development activities utilizing in-service and external resources.

2.1 The professional development activities provide the knowledge and skills required to assist staff, students and volunteers in attaining and maintaining competency in their roles.

2.2 The professional development activities address current policies and procedures as well as needs identified through:

- needs assessments
- performance evaluations
- quality management activities
- utilization review activities
- risk management activities
- occupational health and safety activities
- organizational changes
- service changes within the program
- relevant legislation
- research activities
- client/referral source surveys
- clinical supervision

2.3 Participation is documented upon completion.

3.0 The Service has an annual professional development plan for staff and volunteers.

3.1 Components of the plan are identified through:

- performance evaluations and skills/competency assessment of individual staff
- assessing specific program needs or changes (e.g., technology, legislation)

3.2 The Service provides a minimum of 16 hours of continuing education and training opportunities annually for each employee. This includes:

- training relevant to the staff's scope of practice
- training relevant to the program's scope of service

3.3 The Service provides opportunities for ongoing education and training for volunteers relevant to their role and responsibilities.

3.4 Participation in continuing education is documented upon completion.

4.0 The Service has written policies and procedures regarding mandatory training and/or certification.

4.1 These include:

- C.P.R.
- first aid
- non-violent crisis intervention
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

4.2 Participation and successful completion are documented.

5.0 There is an evaluation of the professional development activities.

5.1 Mechanisms for evaluation may include:

- participant feedback
- learning curve testing (pre and post testing)
- performance assessments
- cost-effectiveness analysis

PHYSICAL STRUCTURE/PLANT STANDARDS

PREAMBLE

It is understood that the ability of some Services to comply with the standards outlined in this section is limited, based on existing facilities.

The needs of the withdrawal management services will vary according to the needs of the individual Service.

Some sections of the following Physical Structure/Plant standards are only relevant to development of new facilities or structural renovations of current facilities.

1. It is expected that all Withdrawal Management Services will meet Provincial and local codes, standards and/or by-laws.
2. It is expected that all Withdrawal Management Services are functional, and will address the physical aspects of the scope of service and are designed according to client centred principles (e.g., privacy, respect, safety).
3. A first priority in the planning of a Withdrawal Management Service is to ensure the health and safety of clients, staff and visitors to the Service.

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA I

Initial Planning Process

Day WMS

1.0 Any plans for a new or renovated Withdrawal Management facility will be developed in consultation with key stakeholders.

1.1 Key stakeholders include:

- local/regional planning committees
- addiction and mental health community partners
- direct care givers – front line staff
- Advisory Committee members
- Sponsoring Hospital/Agency
- Local Health Integrated Network
- Ministry of Health and Long-Term Care
- consumers
- architects/engineers/Fire Marshals/Health Inspectors and other relevant consultants
- others as deemed relevant

2.0 Location of the facility within the community is a primary consideration.

2.1 The following is addressed:

- access for those with physical challenges and other special needs
- accessibility based on local and/or other transportation services
- external space to facilitate client comfort and leisure activities
- easy access to emergency/medical services
- location, in terms of utilization, by all socio-economic groups

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA II

Physical Space – Client

Day WMS

- 1.0 Every service will have appropriate clinical space which includes the following:**
 - private interview room
 - group room
- 1.1 There is consideration given to a child care/parenting space.
- 1.2 There is consideration given to accommodations for transgendered clients, especially regarding privacy, dignity and safety issues.
- 2.0 Services that deliver auricular acupuncture on-site will adhere to safety and hygiene requirements (e.g., non-carpeted flooring, flexible lighting and appropriate seating space).**

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA III

Physical Space – Staff

Day WMS

1.0 Every service will have the following designated staff areas:

- **staff washroom**
- **multi-purpose room for staff**
- **other functional spaces as determined by the scope of the Service**

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA IV

Physical Space – Administration/Support

Day WMS

1.0 Every service will have appropriate administrative space as determined by the scope of the service and whether they are co-located or stand alone.

1.1 Administration (spaces may include):

- director's/manager's office
- supervisor's/coordinator's office
- clerical workspace
- office equipment room/area (e.g., fax/photocopier, printer/scanner)
- office/stationary storage
- secure client records/file storage (i.e., meet clinical records standards)
- waiting area
- multi-purpose boardroom/meeting areas
- parking

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA V

Environment

Day WMS

Office/Work Site

1.0 The environment includes air quality, lighting, temperature, soundproofing, aesthetics and physical space.

1.1 Physical Space

- will take into account the scope of the service provided, the function of the program, client/staff needs including privacy and confidentiality

1.2 Air Quality

- will address bacteria and level of mould in the air, allergens, odours, circulation, other occupational health issues, level of humidity and any other relevant items

1.3 Lighting

- will address level of natural lighting as well as artificial lighting – the latter must give consideration to shift work, clients prone to seizures, the need for a calm environment, the need for individual area control and cost effectiveness
- will address emergency lighting needs taking scope of service into consideration

1.4 Communication

- will address emergency telephone needs taking scope of service into consideration
- will address secure networking with the sponsoring hospital/agency
- will address appropriate internal communication equipment (e.g., intercom system between floors and/or sections)

1.5 Temperature

- will address heat and cooling issues, need for individual room control and comfort

1.6 Sound Proofing

- will address minimal sound transfer from one area to another in order to provide privacy and minimize noise disruption to client care

1.7 Aesthetics

- addresses items such as colour schemes (i.e., some colours more calming than others), furniture (e.g., durability, comfort, ability to clean and disinfect) and choice of material



SECTION IV – TELEPHONE SUPPORTED WITHDRAWAL MANAGEMENT SERVICES

The Ontario Withdrawal Management Standards 2008

TELEPHONE SUPPORTED WMS

PREAMBLE

As with all agencies delivering withdrawal management services a prime consideration and concern is maintaining safe withdrawal for the client. Due to the self-reporting nature of the service category of Telephone Supported Withdrawal Management, the staff of the agencies providing this service encounter special challenges in ensuring that safe withdrawal is maintained.

While it is recognized that Telephone Supported Withdrawal Management Services can be a viable option in the right circumstances, it must be noted that they cannot replace the more comprehensive withdrawal management models, when working with clients who need a higher level of assessment and monitoring during the withdrawal process. It is for this reason, that this option is designated as appropriate for clients experiencing only mild withdrawal symptoms. It is imperative that the level of withdrawal management services offered is adequate to safely meet the needs of the client, to ensure health and safety is protected.

It is especially important, therefore, that the agencies providing this type of service create and maintain strong linkages with other categories of withdrawal management services. Partnership agreement(s) will be established with the nearest residential withdrawal management centre(s), which the client would normally contact for 24/7 support.

ADMINISTRATIVE STANDARDS GOVERNING BODY

STANDARD AREA I

Governance

Telephone Supported WMS

- 1.0 It is understood that there will be a clearly defined governing body as defined by a service agreement¹ between the Local Health Integrated Network (LHIN) / Ministry of Health and Long-Term Care (MOHLTC) and the sponsoring hospital/agency.**

¹ Service agreement may be identified by another name depending on the language determined by the LHIN's. (e.g. accountability agreement)

ADMINISTRATIVE STANDARDS

ADVISORY COMMITTEE

STANDARD AREA I

Organization and Direction

Telephone Supported WMS

The Advisory Committee² provides advice to the management of the Service, the sponsoring hospital/agency and its Board of Directors, or other governing body. It's purpose is to: advise on policies/directions for mental health and/or addiction services, represent the interests of clients and families, develop and maintain effective communication with the community, promote partnerships, community awareness and understanding of addiction and/or mental health issues.

- 1.0 The Service has an Advisory Committee. In some communities Withdrawal Management Services may be part of joint Advisory Committees.
- 2.0 The role, function and structure of the Advisory Committee are clearly defined in a written statement consistent with the directives of the LHIN/MOHLTC.
- 3.0 The membership of the Advisory Committee is a balanced representation of the community served.
 - 3.1 Members are chosen for:
 - their expertise in addiction and mental health services
 - their links with other relevant community services
 - their ability to represent the interests of clients and their families and the community
 - any other expertise required to advise on addiction and mental health services
 - 3.2 The membership will also include:
 - families
 - consumers
 - and the public at large
 - 3.3 A list of members specifying their affiliations, dates of appointment, and length of tenure will be readily available to interested parties.

²Depending on the structure of the service this could refer to Advisory Committee and/or Board.

4.0 Orientation for new Advisory Committee members is documented.

5.0 The frequency of the Advisory Committee meetings is consistent with the directives of the LHIN/MOHLTC.

6.0 The Advisory Committee is organized to function effectively.

6.1 This is achieved by:

- having terms of reference with clearly defined goals and objectives
- recording of minutes that reflect the deliberations of the committee and signed by the Chairperson
- meeting at regularly stated intervals
- determining criteria for content and frequency of reports from the Service

7.0 There are mechanisms in place for the recruitment, appointment, election, tenure, re-appointment, re-election and retirement of members of the Advisory Committee.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA I

Statement of Collaboration

Telephone Supported WMS

- 1.0 The Service has evidence of collaboration with the LHIN/MOHLTC through submission of an annual operating plan³.**

³ Operating plan may be identified by another name depending on the language determined by the LHIN's.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA II

Service Agreement

Telephone Supported WMS

Funding Agreement

- 1.0 A Service Agreement is established between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.**
- 2.0 The Service Agreement is reviewed annually and revisions are made as necessary and a copy is retained in the Service.**

Partnership Agreements

- 1.0 Additional formal service agreements may be established between the Service and community partners.**
 - 1.1 The service agreements will be clearly defined in a written statement.
 - 1.2 The service agreements will be reviewed annually or as defined in the agreement and revisions will be made, as necessary.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA III

Mandate, Philosophy and Vision

Telephone Supported WMS

1.0 Management is responsible for the development of clearly articulated Philosophy, Vision and Mandate statements.

1.1 The mandate is defined by the LHIN/MOHLTC in the Service Agreement.

1.2 Management is responsible for clarifying any discrepancies with the Philosophy, Vision and Mandate statements between the sponsoring hospital, partner agencies and the service provider/agency.

2.0 Management is responsible for review and revisions of these statements.

3.0 Management is responsible for ensuring that the above statements are made available, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA IV

Mission, Goals and Objectives

Telephone Supported WMS

- 1.0 Management is responsible to ensure that there is a current and relevant Mission Statement which is:**
- reviewed annually and revised, as necessary
 - available to all Service staff and clients
 - in alignment with the mission of the sponsoring hospital/agency
- 2.0 Management is responsible for the development of a set of identified program goals.**
- 2.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified program goals.
- 3.0 Management is responsible for the development of a set of identified client goals.**
- 3.1 Management is responsible for service objectives with appropriate time lines and measurable outcomes to attain identified client goals.
- 4.0 Management is responsible for the development of administrative goals on an annual basis.**
- 4.1 Management is responsible for service objectives that are clear, measurable and have appropriate time lines to meet the established administrative goals.
- 5.0 Management is responsible for the development of an evaluative tool (e.g., such as a Logic Model).**

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA V

Organization and Direction

Telephone Supported WMS

Management, in collaboration with the sponsoring hospital/agency, ensures efficient and effective delivery of services.

1.0 There is an organizational structure in place to support the efficient and effective management of the Service.

- 1.1 There is an organizational chart which:
- provides a clear representation of the structure and reporting relationships of the Service
 - is available to all staff
 - is available to interested parties

1.2 The organizational chart is revised, as required.

2.0 There are clearly defined principle functions of management to ensure appropriate delivery of services through planning, development, implementation and evaluation, as well as research when opportunities arise.

- 2.1 Management functions include:
- Human Resources
 - Program Development
 - Financial Management
 - Facilities Management
 - Public Relations and Communications

2.2 Statement of Principle Functions is revised on an as needed basis.

3.0 There is evidence that the principle functions of management are implemented within the Service.

- 3.1 Evidence of implementation may include:
- mechanisms for developing and enhancing positive staff morale and labour relations
 - effective mechanisms for staff feedback and involvement
 - client surveys

- efficient and effective utilization of resources
- management outcome reports
- program evaluations
- mechanisms to measure outcomes which demonstrate improvements to service provision
- formal information links with relevant community agencies
- team approaches to client management
- incident reports

4.0 Management establishes criteria and mechanisms for program development within the Service.

4.1 Criteria for service development includes:

- consistency with the mission of the organization
- consistency with the strategic plan of the organization
- a clear, concise definition of what is proposed
- justification for the proposal
- resources required
- effect on existing program and support services
- effect on existing health care services and for programs within the community
- other regional planning activities
- financial and human resources
- consultation with the Addiction and Mental Health Committees of the LHIN's, Advisory Committee and/or other local planning bodies

5.0 Management ensures the responsible use of resources when implementing new or expanded programs.

5.1 Management ensures that the development of new programs includes:

- consultation with the local addiction and mental health planning bodies
- assessment of the impact on internal and/or community programs/services
- determination that the resources are available

6.0 Management will maintain effective communication and problem solving mechanisms between the Service and relevant partners of the sponsoring hospital/agency, consumers, Advisory Committee and other stakeholders.

6.1 Mechanisms to facilitate communication and problem solving may include:

- consumer surveys
- regular staff meetings
- meetings with and defined reporting relationships between management and Senior Management team of the sponsoring hospital/agency and the Advisory Committee
- newsletters
- memos outlining changes in process
- web-site development
- meetings with local community Addiction and Mental Health partners on a regular basis, as established in their terms of reference
- meetings with other community partners on an as needed basis

7.0 Management ensures there are mechanisms to communicate the Service's mission, philosophy, standards and policy/procedures to staff, clients and the community it serves.

7.1 Mechanisms may include:

- mission and philosophy statements that are readily available for viewing
- client guidelines/handbooks
- staff/volunteer orientation and ongoing development processes
- distribution of annual report
- meeting/presentations with community groups
- presentations to educational institutions
- use of media
- information brochures that are widely distributed
- orientation tours as appropriate
- web-site development

8.0 There are mechanisms in place to evaluate the performance of management staff.

8.1 Mechanisms will include:

- performance appraisals
- operational reviews
- program review

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA VI

Regulations, Agreements, Policies and Procedures

Telephone Supported WMS

Management ensures service compliance with laws, regulations and agreements. Management implements the policies and procedures of the sponsoring hospital/agency. Management develops, revises and implements policies and procedures for the effective operation of the Service.

- 1.0 Management ensures all reasonable steps are taken to provide for service compliance with applicable federal, provincial and municipal laws/by-laws and regulations.**
 - 1.1 Management receives, reviews and acts upon reports on compliance with federal, provincial and municipal by-laws and regulations including those related to:
 - quality management
 - professional standards
 - risk management (e.g., fire codes, occupational health and safety requirements, informed consent, public health codes, coroner's recommendations, Ministry of Labour)
 - utilization review
 - client rights
 - child protection
 - protection of personal health information
 - access to service as per LHIN/MOHLTC directives
- 2.0 Management ensures that affiliation agreements between educational institutions and sponsoring hospital/agency are current.**
 - 2.1 In the development of the agreement within the Service, management will collaborate with teaching staff and student placement officers regarding appropriate terms of the agreement.
 - 2.2 Management regularly negotiates the appropriate placement of students to be accepted in the Service.

3.0 Legal authority for contracts or agreements is determined between the sponsoring hospital/agency and management of the Service.

3.1 The sponsoring hospital/agency has the right to determine the terms and conditions of written agreements/contracts.

4.0 Management ensures that the relevant policies and procedures of the sponsoring hospital/agency are implemented.

4.1 The relevant policies and procedures of the sponsoring hospital/agency are available to and reviewed annually by all staff and evidence of compliance is documented upon completion.

4.2 New and revised policies and procedures of the sponsoring hospital/agency are reviewed by all staff and evidence of compliance is documented upon completion.

5.0 Management is responsible for the development and implementation of operational policies and procedures for the Service.

5.2 The Service's operational policies are in alignment with those of the sponsoring hospital/agency or the by-laws of the governing body and are specific to the Service.

5.2 The administrative or management policies and procedures of the sponsoring hospital/agency supercede the policies and procedures of the Service unless otherwise indicated.

5.3 The operational policies will include, at a minimum, the policies as listed in the Program Standards, Standard Area VI – Program Manual.

5.4 Management reviews policies annually and makes revisions and/or additions as the need arises. Staff/volunteer participation will be sought and encouraged.

5.5 Staff/volunteer review policies and procedures annually and evidence of compliance will be documented upon completion.

5.6 New and revised service policies and procedures are reviewed by all staff and incorporated into the Policy and Procedure Manual of the Service and evidence of compliance is documented upon completion.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA VII

Partnerships and Linkages

Telephone Supported WMS

Management ensures the development of appropriate partnerships and linkages with community agencies and other service providers.

- 1.0 Management of Withdrawal Management Services are expected to develop partnerships with as many services as necessary, to ensure the most comprehensive and seamless treatment experience possible for clients.**

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA VIII

Financial Management

Telephone Supported WMS

Management ensures the efficient and effective use of the financial resources of the Service.

1.0 Management prepares the annual operating budget/plan in collaboration with the sponsoring hospital/agency, Advisory Committee and in accordance with the requirements of the LHIN/MOHLTC.

- 1.1 In preparing the budget, consideration is given to:
- resources of the Service (e.g., equipment, volunteers, physical space)
 - the mission, goals and objectives
 - the operating plan
 - the operating budget
 - Management Information System (MIS)

2.0 Management implements and monitors the annual operating budget.

- 2.1 Mechanisms for monitoring the budget include:
- regular analysis of statements and reports
 - consultations with the appropriate financial officer in the sponsoring hospital/agency to forecast surplus or deficit situations on a schedule mutually determined

3.0 An annual audit of the financial operations is performed in accordance with the requirements of the LHIN/MOHLTC or any other funding body.

4.0 Management implements the recommendations made in the financial audit/report as instructed by the sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA IX

Human Resources Management

Telephone Supported WMS

The Service has competent, ethical and qualified staff to provide the services essential to the achievement of its mission, goals and objectives.

- 1.0 Staffing patterns are set according to the level of staffing negotiated with the LHIN/MOHLTC, the needs of the individual Service and available resources.**
 - 1.1 All services provided to women will be attended by at least one female staff.
- 2.0 The policies and procedures established by the sponsoring hospital/agency for recruitment, hiring and retention of staff are followed by the management of the Service.**
- 3.0 The policies and procedures established by the sponsoring hospital/agency to ensure verification of the credentials of staff, volunteers and consultants are followed by the management of the Service.**
- 4.0 Position descriptions for all job classifications are in alignment with those of the sponsoring hospital/agency.**
 - 4.1 The position descriptions are revised as necessary, reviewed annually and dated accordingly.
- 5.0 There are position descriptions for all staff employed under a purchase of service agreement from the sponsoring hospital/agency.**
 - 5.1 The position descriptions are written by the department from which the service is purchased.
 - 5.2 A copy of these position descriptions is readily available to all relevant personnel.

6.0 The sponsoring hospital/agency is responsible for current human resource policies and procedures.

6.1 Management ensures the implementation of these policies and procedures.

7.0 All staff/volunteers receive a written evaluation of his/her performance at the completion of the probationary period, annually thereafter or as defined by the sponsoring hospital/agency.

7.1 The Service will meet the criteria for the evaluation as directed by the sponsoring hospital/agency.

7.2 The Service will follow the mechanisms for evaluation of staff as directed by the sponsoring hospital/agency. Mechanisms may include:

- self-appraisals
- peer reviews
- performance appraisals
- review of goals between appraisals
- informal feedback
- formal documentation
- staff education and learning plan

7.3 The evaluation is reviewed, signed and maintained according to the practice of the sponsoring hospital/agency.

7.4 There is provision for the staff/volunteer member to receive a copy of the evaluation.

8.0 There is an orientation of the Service to management, staff, students, Advisory Committee members and volunteers.

8.1 The Orientation includes:

- mission and purpose of the Service
- goals and objectives
- standards of practice
- operational policies and procedures
- services provided
- clients' rights and responsibilities
- structure of the Service
- performance expectations
- relevant legislation
- Occupational Health and Safety requirements
- Employee Assistance Program

- Quality Management Program
- utilization review activities
- risk management activities
- funding agency
- relationship with the community
- any other areas as identified by the sponsoring hospital/agency

8.2 The orientation is completed in a timely manner.

8.3 The orientation to the Service will be documented upon completion.

9.0 There is a professional development program in place for management and staff.

9.1 Professional development provides the knowledge and skills required to assist management and staff in attaining and maintaining competency in their current positions as demands of these roles evolve.

9.2 The professional development plan assists management and staff in pursuing professional interests related to their scope of practice and in preparing for current and future changes in practice, in accordance with the mission and mandate of the Service.

9.3 The professional development/education plan addresses current policies and procedures, as well as needs identified through:

- staff needs assessments
- client surveys
- performance evaluations
- quality management activities
- utilization review activities
- occupational health and safety activities
- risk management activities
- technological change
- new directions within the disciplines/Service
- current and emerging trends
- meetings or seminars relevant to service functions
- opportunities to assist in identifying educational needs
- opportunities to review relevant literature
- self-directed learning
- best practices
- evidence-based guidelines
- research

9.4 Participation in professional development/education activities will be documented upon completion.

10.0 There is an ongoing training and development program for volunteers relevant to their duties and responsibilities.

11.0 Management, staff and volunteers evaluate the orientation and ongoing professional development/continuing education program.

11.1 Mechanisms for evaluation may include:

- participant feedback (e.g., questionnaires/surveys)
- performance assessments

12.0 There are written goals and objectives for all volunteers and students who are on placement in the Service.

12.1 The goals:

- support and contribute to the goals of the Service
- are established prior to the volunteer/student participating in any activities within the Service

12.2 The objectives:

- are specific steps taken to achieve the identified goals
- are realistic and measurable
- include action plans that are reviewed with key stakeholders responsible for the placement
- are monitored to determine if they are being achieved

13.0 Management promotes a positive work environment and the well being of staff and volunteers.

13.1 There is a process to assign staff and volunteers to client and other responsibilities in a fair and equitable manner.

13.2 Staff and volunteers have the opportunity to provide input on their work and job design.

13.3 Staff and volunteers have access to position descriptions.

13.4 Staff and volunteers know their roles and responsibilities.

13.5 Staff and volunteers are respected and recognized by management for their contributions.

- 13.6 Management is responsible for providing a safe environment for staff and volunteers.
- 13.7 Staff and volunteers have access to supports to cope with stressors and other issues.
- 13.8 Management regularly evaluates the effectiveness of staffing and makes changes as appropriate.

14.0 Management promotes and supports an environment that fosters a positive culture among staff and volunteers.

- 14.1 Management will encourage development of team goals, innovation and autonomy.
- 14.2 Management will support and empower staff and volunteers to achieve team goals and objectives.

15.0 There is support for student placement in the Service.

- 15.1 There is an opportunity for placement of students from addiction, mental health and other relevant educational programs within the Service.
- 15.2 A mechanism to provide supervision, support and evaluation for students on placements is in place.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA X

Quality Management

Telephone Supported WMS

Quality management is developed and implemented by the management of the Service in collaboration with the sponsoring hospital/agency.

1.0 Management ensures implementation of the quality management plan within the Service.

- 1.1 Management monitors, evaluates and reports on those issues identified.
- 1.2 Management identifies and acts upon opportunities to continually improve the services provided.
- 1.3 The methods used to improve these services include, but are not limited to:
 - developing quality indicators
 - assessing
 - planning
 - implementing
 - evaluating
 - reporting
- 1.4 Management ensures that required statistical information is collected and readily available.

2.0 Management reports on formal and informal quality management activities, as required.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XI

Utilization Review

Telephone Supported WMS

Management develops, implements and reports on utilization review activities specific to the Service in collaboration with the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Management reports on utilization review activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 The utilization review, specific to the Service, will include:
- duration of stay in the Service
 - admissions and re-admissions
 - client population by age, gender and substance of choice
 - the number of visits/contacts
- 1.2 The report on utilization review activities is in a standard reporting format for communication to the Advisory Committee and sponsoring hospital/agency.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XII

Risk Management

Telephone Supported WMS

Management develops, implements and reports on risk management activities specific to the Service in collaboration with the sponsoring hospital/agency.

1.0 Management reports on risk management activities to the sponsoring hospital/agency and other stakeholders, as required.

- 1.1 Risk management activities specific to the Service includes:
- the prevention, identification and assessment of risks
 - required actions to manage risks to clients, staff/volunteers, property, finances and reputation of the Service
 - evaluation of risk management activities
- 1.2 The report on risk management activities will be in a standard format for communication to the sponsoring hospital/agency and Advisory Committee.

2.0 Management monitors and evaluates the risk management program.

- 2.1 Management ensures that actions are taken to minimize potential risks.
- 2.2 Management ensures that the risk management program is effective in reducing risks to clients, staff/volunteers and the property.
- 2.3 Management consults and collaborates with risk management personnel from the sponsoring hospital/agency.

ADMINISTRATIVE STANDARDS ORGANIZATION AND MANAGEMENT

STANDARD AREA XIII

Occupational Health and Safety

Telephone Supported WMS

Withdrawal Management Services ensures the health and safety of clients, staff/volunteers and the public and is prepared for disaster and emergency situations.

1.0 Management implements the policies and procedures identified as necessary by the sponsoring hospital/agency.

1.1 These will include:

- health and safety activities
- disaster and emergency preparedness
- infection control activities
- Workplace Hazardous Materials Information System (WHMIS)
- security measures
- Occupational Health and Safety Committee
- Occupational Health and Safety inspections
- management of allergens
- safe storage of chemicals
- the responsibility of staff members and volunteers for taking reasonable care to protect the health and safety of themselves, other staff, clients and the public
- a preventative maintenance program
- formal reports of incidents and accidents
- wellness activities
- the safe location of anti-bacterial hand washes containing alcohol

1.2 There is a mechanism in place to facilitate communication and consultation between the Service and sponsoring hospital/agency regarding identified issues/areas of concern.

1.3 Staff are trained to identify, reduce, manage and report risk.

ADMINISTRATIVE STANDARDS

ORGANIZATION AND MANAGEMENT

STANDARD AREA XIV

Providing Safe and Appropriate Services

Telephone Supported WMS

1.0 Management ensures implementation of policies, procedures and/or protocols which address optimal care and protection of the rights of the clients.

1.1 This will be achieved by:

- hiring competent, ethical and qualified staff
- maintaining accessible and comprehensive clinical records
- ensuring client's right to confidentiality
- ensuring secure storage of client information
- ensuring requirements are met for disclosure of client information
- establishing a statement of client rights and responsibilities
- establishing a Code of Ethics to guide the provision of service
- establishing policies on reporting child protection issues
- having an open, safe and transparent complaint process for clients and families to raise issues or concerns
- establishing a process to handle conflicts of interest and dispute resolution
- establishing a process to address ethics/boundary related issues
- having a process to educate the client regarding the elements of informed consent
- having a process to educate the client, and when appropriate, the family/significant others regarding treatment options and the expected results of treatment and/or the potential consequences of declining treatment
- having a documented process to verify that the client, and when appropriate, the family/significant others understand information provided by the Service
- having a process to ensure the involvement of the client in the planning of their care
- having a process to provide a safe environment
- ensuring accessibility of service to clients who meet admission criteria

2.0 A statement of the client rights and responsibilities will be made readily available to interested parties.

**ADMINISTRATIVE STANDARDS
ORGANIZATION AND MANAGEMENT**

STANDARD AREA XV

Best Practices

Telephone Supported WMS

- 1.0 Management uses the latest research, evidence-based guidelines, and best practice information to assess and improve the quality of its services.**
 - 1.1 Management utilizes available research and best practice resources, including those utilized in the development of the Ontario Provincial Standards for Withdrawal Management Services.
 - 1.1 Management utilizes the Ontario Provincial Standards for Withdrawal Management Services to provide direction in the development of policies and procedures.
- 2.0 Management will keep up-to-date with the current and emerging local trends of substance use, to better meet the needs of the community served.**
- 3.0 Management will keep current with emerging and evolving innovations in Addictions and the Withdrawal Management Sector. After consultation with key stakeholders, management will implement appropriate innovations that meet local needs when resources are available.**

PROGRAM STANDARDS

STANDARD AREA I

Mandate, Philosophy and Vision

Telephone Supported WMS

The Service has clearly articulated statements of Mandate, Philosophy and Vision.

1.0 Management is responsible for clearly identifying the Service mandate as outlined in the Service Agreement.

1.1 The Mandate Statement will contain specific services, as identified by LHIN/MOHLTC, Advisory Committee and/or other key stakeholders, including:

- Telephone Supported Withdrawal Management Services
- Harm Reduction
- Outreach
- Early Intervention
- Partnerships with Residential Withdrawal Management

1.2 The statement is readily available to interested parties, as required.

1.3 The statement is reflected in the Service's Standards of Care.

2.0 Management is responsible for developing Statements of Philosophy and Vision that are clearly articulated.

2.1 The above statements are:

- posted in the service
- available to interested parties, as required

2.2 The above statements are reflected in the Service's Standards of Care.

PROGRAM STANDARDS

STANDARD AREA II

Service Agreement

Telephone Supported WMS

Funding Agreement

- 1.0 Management of the Service will implement the programs mandated in the Service Agreement between the LHIN/MOHLTC, the sponsoring hospital/agency and the Withdrawal Management Service.
- 2.0 Management of the Service will implement revisions/changes identified in the annual review of the Mandate.
- 3.0 Management of the Service will communicate revisions/changes of the Mandate to:
 - Advisory Committee
 - Service Staff
 - Community at Large

Partnership Agreements

- 1.0 Management of the Service may establish formal service agreements with community partners to facilitate service delivery to clients.
- 2.0 Management of the Service will implement strategies defined in agreements with community partners.
- 3.0 Management of the Service will communicate agreements with community partners to:
 - Advisory Committee
 - Service Staff

PROGRAM STANDARDS

STANDARD AREA III

Mission, Goals and Objectives

Telephone Supported WMS

1.0 The Service has a Mission Statement that is in alignment with the Mission Statement of the sponsoring hospital/agency.

2.0 The Service has identified program goals.

2.1 Goals which are common to all Telephone Supported Withdrawal Management Services include:

- a partnership agreement to provide 24-hour access to safe withdrawal management by residential Withdrawal Management Centres/Services
- providing telephone support as scheduled during regular hours of service
- providing face-to-face support at time of intake and when other opportunities arise
- responding to the needs of the clients in a welcoming, non-judgemental, respectful manner
- having policies and procedures which address all components of the Service and which meet legal requirements, including confidentiality and privacy of health information
- serving as a link to other categories of withdrawal management services, as required and where available
- serving as a link to ongoing treatment services
- remaining current and recognizing the needs of the client population and the local community
- maintaining a data collection system that meets provincial and local requirements, supports program evaluation and research needs and identifies changing trends in the client population
- having a process for ongoing client feedback, evaluation and appropriate response
 - assisting clients to access services to address any presenting co-occurring addictions (e.g., gambling)
 - assisting clients to address their concurrent disorders

- 2.2 Goals specific to the individual Telephone Supported Withdrawal Management Service includes:
- consideration of the specific needs of the community served and client population as a means of being inclusive, accessible and diverse (e.g., cultural, geographical and gender-specific)

3.0 The Service has identified client goals.

- 3.1 Goals common to all telephone supported withdrawal management services clients include:
- access to a safe/supportive environment, if the home environment does not meet this criteria
 - withdrawing from substances
 - identifying clients' strengths and needs
 - completing withdrawal
 - involving clients in identifying their needs, developing individual care and discharge plans and appropriate referrals
- 3.2 Specific client goals are individualized according to identified needs and are documented in the client plan of care.

4.0 The Service has clearly defined objectives.

- 4.1 The objectives are the means by which the identified common and specific service goals are achieved.

5.0 The Service has clearly defined client objectives.

- 5.1 The objectives are the means by which the identified common client goals are achieved.

6.0 The Service has a mapping tool that addresses all services provided and facilitates evaluation (e.g., Logic Model).

- 6.1 The tool used will contain common core components mandated to Withdrawal Management Services including:
- Crisis Intervention
 - Entry Services (Information, Screening and Intake)
 - Initial and Ongoing Assessment
 - Withdrawal Management
 - Supportive and Educational Counselling
 - Discharge Planning
 - Community Education
 - Implementation of Standardized Provincial Assessment Tools
 - Referral

PROGRAM STANDARDS

STANDARD AREA IV

Program Activity Information System

Telephone Supported WMS

- 1.0 The Service has a system for collecting accurate, aggregate data in a format that permits data retrieval and analysis for the purpose of description, service planning, program planning and research.**
 - 1.1 Participation in the data collection system established by the LHIN/MOHLTC and/or the sponsoring hospital/agency is mandatory.

PROGRAM STANDARDS

STANDARD AREA V

Program Reporting

Telephone Supported WMS

- 1.0 Reporting is a requirement set by the LHIN/MOHLTC, the sponsoring hospital/agency and/or requested by the Advisory Committee or required by the individual service for effective internal communications.**
- 1.1 The schedules and content of the reports are determined by the individual bodies.
 - 1.2 Reports are completed, as required.
 - 1.3 Reports are submitted on time.
 - 1.4 Reports are compliant with the Personal Health Information Protection Act (PHIPA).
 - 1.5 Recommendations offered in response to the reports are acted upon within the determined time frame.
 - 1.6 The integrity of the data is assured.

PROGRAM STANDARDS

Telephone Supported WMS

1.0 There is a service policy and procedure manual retained in the Service and available to all staff. This manual is a supplement to and in alignment with the sponsoring hospital/agency policy and procedure manual and is specific to the Service and is reflective of the provincial withdrawal management services standards.

1.1 The manual includes, but is not limited to, the following sections:

- Index
- Administration
 - ◆ Mission/Philosophy/Vision/Values
 - ◆ Service Agreements
 - ◆ Organizational Chart
 - ◆ goals and objectives
 - ◆ client complaint procedures
 - ◆ monitoring and evaluation of policies and procedures
- Human Resources
 - ◆ recruitment, hiring and retention
 - ◆ position descriptions
 - ◆ staff training and development
 - ◆ qualifications
 - ◆ volunteer program, if applicable
 - ◆ performance review
 - ◆ professional boundaries, ethics and conflict of interest
 - ◆ conflict and dispute resolution
- Occupational Health and Safety
 - ◆ Workplace Hazardous Materials Information System (WHMIS)
 - ◆ emergency procedures
 - ◆ incident reporting
 - ◆ staff safety
- Risk Management
 - ◆ infection control
 - ◆ client and volunteer safety
 - ◆ liability issues
 - ◆ transportation
 - ◆ reporting of child abuse and neglect

- ◆ policy for police reporting
 - ◆ incident reporting
 - ◆ confidentiality
- Operational Procedures
 - ◆ Drug and Alcohol Treatment Information System (DATIS)
 - ◆ Management Information System (MIS)
 - ◆ records and accountabilities
 - ◆ media relations/communication plan
- Client Care
 - ◆ client guidelines
 - ◆ medications
 - ◆ admission and discharge criteria
 - ◆ admission and discharge policies
 - ◆ policy on involvement of client, and when appropriate, family/significant others
 - ◆ policy on informed consent and substitute decision makers
 - ◆ waiting list policies
- Client Records
 - ◆ care, storage and retention
 - ◆ format, frequency and content of recordings
 - ◆ transport of records for off-site withdrawal management services
 - ◆ maintaining an integrated client record
 - ◆ confidentiality (compliant with PHIPA)

PROGRAM STANDARDS

STANDARD AREA VII

Client Records

Telephone Supported WMS

The format for client records are determined by the Service, the sponsoring hospital/agency and the LHIN/MOHLTC.

1.0 Client information is accurate, accessible, up-to-date and secure. This will be ensured by:

- staff maintaining an accurate and up-to-date record for each client
- staff meeting applicable legislation for protecting the privacy and confidentiality of client information
- appropriate staff having timely access to client information
- staff sharing client information and coordinating its flow within the Circle of Care (PHIPA)
- staff sharing client information and coordinating its flow with other care teams and/or organizations, as appropriate and required, ensuring informed consent is obtained

2.0 Admission documents contain:

- personal data (e.g., name, current address and phone number, gender, age, relationship status, occupation)
- name, address and phone number of contact person in case of emergency (e.g. parent, spouse, significant other)
- name, address and phone number of the family physician
- name, address and phone number of other professional(s) or community services involved with the client
- name and telephone number of referral source and relationship to client
- presenting issues
- history of current and past substance use
- relevant medical/medication information and/or problems
- possibility of pregnancy, when appropriate
- care of minor children, when appropriate
- living situation (e.g., no fixed address, on own, with family/significant other, group home, hospital)
- home address prior to entry into service
- relevant legal information
- previous and current utilization of addiction or mental health services and frequency and duration of hospital stays
- language(s) spoken or understood

- literacy issues, if identified
- personal risk (e.g., environmental, health, social)
- issues with safety of minor children in the home

3.0 The process document contains all relevant information pertaining to the clients while under active care of the Service.

3.1 This includes:

- individual plan of care for each client
- a record of services utilized by the client, including dates (e.g., progress notes)
- a record of activities undertaken by the client (e.g. self-help, court appearance)
- a record of case conferences as related to the individual client
- compliance with scheduled telephone consults
- referrals made
- referrals accepted
- a record of consent to service by the client
- a record of education provided to client, and when appropriate, family/significant others, as it relates to:
 - ◆ informed consent
 - ◆ confidentiality and limitations
 - ◆ treatment options offered and the explanation of expected results of treatment and/or potential consequences of declining treatment offered
 - ◆ client involvement the planning of their care
- a record of informing clients about the process for registering a complaint
- a response to requests for access to health record
- release of information authorizations and informed consents
- updating of the information contained in the intake document, as necessary
- record of all clinical interventions

4.0 Discharge Document contains:

- date and time of discharge from the service
- a general evaluation of client status at time of discharge as it relates to client objectives and their related criteria
- discharge summary (e.g. service completed, withdrawal from service, change of residence, service refusal, referrals accepted at time of discharge, summary of services utilized while with the service)
- forwarding address of client, if different from admitting address
- update on information contained in the intake document, as necessary

- 5.0 Post discharge follow-up is contained within the client record.**
- 6.0 Multifunctional services will maintain an integrated client record.**
- 7.0 The Service has clearly defined standards for documenting which will outline the format, content and frequency.**
 - 7.1 The format, content and frequency are determined collaboratively between the Service and the sponsoring hospital/agency.
- 8.0 The client record is either filed with an existing client record or is readily accessible if filed separately.**

PROGRAM STANDARDS

STANDARD AREA VIII

Quality Monitoring

Telephone Supported WMS

The Service has a process for establishing quality indicators and utilizes the findings to make improvements. The process is in alignment with the requirements of the sponsoring hospital/agency and LHIN/MOHLTC.

1.0 The Service uses the latest research, evidence-based guidelines and best practice information to improve the quality of its services.

2.0 The process includes:

- assigning responsibility
- identifying indicators of quality for important processes, functions and outcomes
- establishing criteria for acceptable performance for each indicator
- collecting and analyzing data
- where appropriate, taking action to improve performance
- where appropriate, reviewing the effectiveness of corrective action
- reporting

3.0 Quality indicators common to all Services include:

- utilization data
- client surveys
- referral source surveys
- withdrawal completion data
- incident/accident reports
- referrals to other resources

4.0 The Service develops individual quality indicators specific to the services provided.

PROGRAM STANDARDS

STANDARD IX

Medication

PREAMBLE

All standards are intended to be baselines upon which local policies and procedures are developed. In no way do they replace the need for service policies and procedures. These medication standards are general in nature; yet prescriptive enough to point to a quality of care that all Withdrawal Management Services should be working towards in order to be client-centred and responsive to current and emerging client needs.

Due to the sensitive and often complex nature of medication issues, policies and procedures will be, in part, dictated by such variables as human resources, proximity to medical and pharmaceutical services, physical layout of the facility, geographical area, the policies and procedures of the sponsoring agency and fiscal resources. Client variables that may influence decisions regarding medication accessibility for clients would include age, physical condition, client drug(s) of choice, and ability to pay for medications. The decisions affected by this second set of variables are generally made on a case by case basis.

PROGRAM STANDARDS

STANDARDS AREA IX

Medication

Telephone Supported WMS

Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, legal requirements and follow prudent risk management practices.

1.0 The following guidelines are based on collaboration with experts in addiction medicine and Withdrawal Management Services.

- 1.1 There will be Policies and Procedures in place related to clients' use of medication.
- 1.2 There will be Policies and Procedures in place to address recording of the medications being taken by the client.
- 1.3 There will be Policies and Procedures in place related to the use of potentially addictive pain medications. These will be limited to prescription medications for the management of significant or severe pain.
 - 1.3.1 The policies and procedures will address safeguards and appropriate consent in relation to consultation with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.
 - 1.3.2 The policies and procedures will address consultation with the prescribing physician regarding an alternative medication when the prescribed medication is the drug of choice used by the client. In addition, consultation may include other non-medicating alternatives (e.g., meditation, relaxation, acupuncture).
- 1.4 There will be Policies and Procedures in place related to the use of potentially addictive psychoactive medications. These will be limited to prescribed medications for diagnosed mental health disorders, whether pre-existing or diagnosed while the individual is a client in the care of the service.
 - 1.4.1 The policies and procedures will address limiting the self-administration of those medications prescribed to maintain, establish or re-establish stability for a diagnosed mental health disorder(s).

- 1.4.2 The policies and procedures will address safeguards in relation to necessary consultations, with the prescribing physician, regarding the need for continued use and the risks of abrupt cessation.
- 1.5 There will be Policies and Procedures in place related to medications prescribed for all other medical conditions.
 - 1.5.1 The policies and procedures will address client's continued use of medications as prescribed.
- 1.6 There will be Policies and Procedures to address the time frame required between the last drink or ingestion of any other drug(s) used and resumption of the medication regime (rationale – many medications are contraindicated in conjunction with alcohol consumption or may interact with other medications/drugs taken prior to admission which requires professional pharmacological advice).
- 1.7 There will be Policies and Procedures in place related to the need for staff to consult with the prescribing physician, when a potentially addictive medication is prescribed while the individual is a client in the service.
 - 1.7.1 The policies and procedures will address that the consultation will include the need for the medication, possible alternatives and the duration of the prescription.
- 1.8 There will be Policies and Procedures addressing medications and preparations (e.g., mouthwash) that contain alcohol.
 - 1.8.1 The policies and procedures will identify substances containing alcohol that are not permitted for use while in the care of service.

PROGRAM STANDARDS

STANDARD AREA X

Diversity and Cultural Responsiveness

Telephone Supported WMS

The Service encourages and supports a workplace environment that promotes diversity and cultural responsiveness.

1.0 Management will ensure that strategies are in place to address possible barriers towards being inclusive and diverse.

1.1 Respect will be demonstrated to all clients and co-workers.

1.2 Non-discriminatory practices are expected by all staff.

2.0 There will be recognition of the unique needs of diverse cultural groups.

- 2.1 Every effort will be made to accommodate the requirements as follows:
- dietary (i.e., preparation, particular foods)
 - interpreters when required
 - special rites and practices (e.g., smudging, praying)

PROGRAM STANDARDS

STANDARD AREA XI

Harm Reduction

Telephone Supported WMS

Harm associated with substance use ranges from low to high risk. Harm reduction strategies are pragmatic and are delivered in a non-judgemental framework to reduce individual and community harm. The focus involves incremental steps to reduce the harm associated with higher risk behaviour. Abstinence is on the continuum of harm reduction and may be a possible goal.

- 1.0 There will be policies and procedures relating to harm reduction services that are currently offered and for future initiatives as they emerge.**
 - 1.1 The policies and procedures will address supporting clients on a stabilized Methadone Maintenance Program.
 - 1.1.1 Policies and procedures will address compliance with legal requirements.
 - 1.1.2 Policies and procedures will address arrangements for the client to safely obtain their Methadone off-site.
 - 1.2 The policies and procedures will address medication tapering and will be in alignment with the Medication Standards.
 - 1.3 The policies and procedures will address accessibility for current and former clients who relapsed or used substances while they are/were a client of the care of the Service.
 - 1.4 The policies and procedures will address current and future harm reduction initiatives appropriate for implementing in a telephone supported withdrawal management setting.

PROGRAM STANDARDS

STANDARD AREA XII

Program Evaluation

Telephone Supported WMS

Evaluation is a component of every Service.

1.0 Evaluation is based on assessment of service delivery and attainment of client, program and administrative goals.

1.1 The evaluation is ongoing and accomplished by:

- internal evaluation of core components using specific indicators
- external evaluation by the LHIN/MOHLTC and/or designate and the Canadian Council on Health Services Accreditation specific to addiction services
- the evaluation should incorporate the most current “Ontario Withdrawal Management Standards” as a guide and/or measurement tool

PROGRAM STANDARDS

STANDARD AREA XIII

Association Membership

Telephone Supported WMS

Management of Withdrawal Management Services should have access to current clinical information, trends in Addictions, a support system of withdrawal management peers and have the opportunity to participate in system planning in the addiction treatment sector. It is important to participate in partnerships/organizations which will support the meeting of these goals.

1.0 Withdrawal Management Services will maintain membership in relevant association(s).

1.1 The following are examples of such resources:

- provincial and regional addiction associations
- provincial and regional health services planning bodies

STANDARDS OF CLIENT CARE

PREAMBLE:

The philosophy underlying client care is:

- clients are to be treated with respect, dignity and autonomy and with recognition of their individual needs
- clients are full partners in their care
- safety will be a primary consideration both in the delivery of care and in the care environment

The Standards of Care focus on the client and specify the care and treatment to be provided.⁴

The standards of client care are based on:

- the Mission Statement, Philosophy and expectations of the sponsoring hospital/agency
- the Mission Statement, Philosophy and service directives of the individual Service
- the Standards of Practice governing the staff affiliation represented within the Services (e.g., College of Nurses, College of Social Work, Canadian Addiction Counsellors Certification Federation) and standards of practice reflected within the service policies and procedures.
- research of relevant best practice documents
- relevant legislation

⁴ Treatment in this context is the level of service provided within the scope of the revised provincial service mandate (Level I, II, III)

STANDARDS OF CLIENT CARE

Standard Area I

Intake

Telephone Supported WMS

Intake includes pre-admission screening, admission and client orientation.

1.0 There is a co-ordinated process for timely access to services for current and potential clients.

- 1.1 Barriers that prevent clients, families, and referring organizations from accessing services are identified and when possible removed.
- 1.2 When service is requested there is a timely process for response.
- 1.3 There are set criteria for service eligibility when deciding whether to offer services to potential clients, and when appropriate, family/significant others.

2.0 Pre-admission screening

- 2.1 Pre-admission screening includes, but is not limited to:
 - recent drug use (e.g., substances used, quantity, time and duration of last use)
 - appropriateness for safe withdrawal in a non-medical service as per admission criteria
 - current physical and mental health
 - any illness or injuries
 - any other issues of significance to ensure safety of clients, staff/volunteers
- 2.2 A formal screening tool will be utilized.
- 2.3 An additional tool to assess the severity of intoxication and/or withdrawal symptoms will be utilized, as appropriate.

3.0 Admission

Admission includes a systematic and pertinent collection of objective data. This collection of data is a process and all information may not be attainable at the time of admission, dependent on the level of client impairment and other possible barriers such as language. Data will be gathered at the first opportunity.

- 3.1 All admission documentation includes the following:
- date and time of admission
 - source of referral
 - reason for admission
 - symptoms of intoxication or withdrawal
 - identification of intoxicating substances used (if known), quantity, method taken and last use
 - level of mobility
 - level of coherence
 - description of behaviour exhibited
 - need for immediate medical attention
 - history of seizures – epilepsy or alcohol induced
 - history of diabetes, heart disease, allergies or any significant medical history (e.g., pregnancy)
 - medications used (prescribed, over-the-counter and herbal preparations)
 - emotional/mental status (e.g., suicidal ideation, physical and/or verbal cues, mental health or concurrent diagnosis)
 - current medical/mental health worker
 - documentation of any unusual occurrence/event
 - identified support systems and potential role in care
 - safe care of minor children
 - safety/violence screening for women
 - emergency contacts

4.0 Client Orientation

To promote informed decisions by clients regarding their treatment, there will be a process for orientation, and when appropriate, the involvement of family/significant others.

- 4.1 The process for orientation includes:
- introduction to staff
 - routines of care (e.g., process of delivery of service)
 - a record that the client has been informed of the process for delivery of service
 - relevant programs and services available
 - review of client guidelines
 - a record that the client has been informed of the client guidelines
 - direction as to what to do in case an emergency should arise and a record of the directions provided

4.2 Information about client and family rights and responsibilities including, but not limited to:

- regulations regarding confidentiality
- explanation regarding the “Circle of Care” practices
- explanation of informed consent to service, the disclosure of health records and the limitations of consent (e.g., Duty to Report, medical emergency and instances where there is an imminent threat of harm to self or others)
- service agreement between the client and the Service
- encouragement and support of personal choice
- opportunities to participate in care and treatment
- a process whereby issues or concerns related to the quality of care and treatment can be addressed
- formal complaints procedure

STANDARDS OF CLIENT CARE

STANDARD AREA II

Intoxication and Withdrawal Management

Telephone Supported WMS

The management of intoxication and withdrawal includes monitoring, ongoing assessments, support, documenting and crisis management.

1.0 There are established guidelines based on research and best practice literature, related to the expected withdrawal processes for a variety of substances. The Service implements and integrates this knowledge into the management of intoxication and withdrawal phase of care.

- 1.1 Implementation of the established guidelines and Best Practices is coordinated among team members in the provision of care.
- 1.2 The client is referred to and/or transferred for medical attention if there is a significant deviation from the expected outcomes.
- 1.3 The client may choose to access medical assessment/intervention at any time.
- 1.4 In the event that in-home support provider(s) are part of the care team, the support provider(s) may also choose to access medical assessment/intervention on behalf of the client.

2.0 Monitoring

In this context, monitoring means the process by which the service staff reviews with the client any signs and symptoms indicating changes in status. This process is ongoing for the duration of their involvement with the Service. The monitoring of the withdrawal process is dependant on self-reporting. In the event that in-home support provider(s) are part of the care team they will, in consultation with service staff, check the client for signs indicating changes in status.

- 2.1 Each telephone monitoring session will include a formal withdrawal monitoring checklist to assess progression of the withdrawal process of the client.

- 2.2 A monitoring format will be established by the Service for use during the withdrawal phase and will include:
- level of monitoring required
 - frequency of monitoring
 - duration of monitoring

2.2.1 In the event that in-home support provider(s) are part of the care team, the service staff will educate them regarding the preceding requirements.

- 2.3 The standardized indicators (*see Appendix IV for sample form*) minimally include the following:

- agitation
- level of consciousness
- tremor
- appetite
- abdominal changes
- orientation
- hallucinations
- anxiety
- sweating
- sleep patterns
- GI disturbance
- muscle aches
- mood

- 2.4 In the event that in-home support provider(s) are part of the care team, service staff will provide them with the necessary monitoring tools.

3.0 The Service develops, in collaboration with its sponsoring hospital/agency, a written protocol to address high-risk situations.

- 3.1 These include:

- clients living with diabetes
- suicidal ideation
- head injuries
- seizures
- pregnancy
- self harm
- other situations as identified from time to time

4.0 Ongoing Assessment

In this context ongoing assessment means the process by which the client's condition is systematically reviewed for the purpose of identifying change in status, determining appropriate action and developing a plan of care.

- 4.1 There is ongoing assessment throughout the duration of the client's involvement with the Service.
- 4.2 Appropriate action is taken as a result of the assessment.
- 4.3 The action is documented and necessary changes to the plan of care are implemented.

5.0 Support

Support includes those actions which focus on increasing the client's general well being

- 5.1 This includes the areas of:
 - assistance with shelter, hygiene and nutrition
 - personal safety
 - support based on the identified physical, emotional and spiritual needs of the individual

6.0 Documentation

The Service has clearly defined standards for documenting which will outline the format, content and frequency.

- 6.1 The format, content and frequency is determined collaboratively between the Service and the sponsoring hospital/agency.
- 6.2 A plan of care is developed collaboratively between service staff, client, and, when appropriate, the family/significant others, and other community workers currently providing care.
- 6.3 There is a process for review and revision of the individual plan of care. The process will include:
 - reviewing of the actual outcomes of care and treatment against the expected outcomes of the client and staff
 - revising the plan of care in consultation with the client, based on the conclusions of the review

7.0 Crisis Management

Crisis Management includes the immediate intervention in an emergency situation.

- 7.1 All Services will have policies for emergency situations (e.g., seizure protocol, cardiac arrest, trauma requiring medical attention, assaults, suicidal ideation/intention and all other medical emergencies).

STANDARDS OF CLIENT CARE

STANDARD AREA III

Ongoing Client Care and Treatment

Telephone Supported WMS

1.0 There is a process of preparing the client for care and treatment.

- 1.1 There will be coordination of the following activities:
- identifying appropriateness of individuals for treatment in the Service
 - explaining the services provided to the client
 - retrieving information from the client, referring source and/or records of previous admissions
 - explaining the process of care to the client
- 1.2 Ensure orientation process is completed.

2.0 There is a process in place for ongoing assessment.

- 2.1 An individual's needs are identified and evaluated based on:
- substances used
 - strengths
 - challenges
 - barriers to recovery
 - medical/mental health
 - available supports
- 2.2 An assessment and history is documented and relates to:
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
 - present level of functioning
 - allergies
 - medication therapy, including drug related problems
 - nutrition, including the need for supplements or a special diet
 - cultural preferences and beliefs
 - client understanding of the impact of his/her substance use
 - level of literacy
 - ability and/or desire to participate in care and treatment
 - community supports available upon discharge

- goals and expected outcomes of care and treatment
- participation of the client in setting goals and expected outcomes
- smoking cessation treatment

3.0 The care and treatment process includes developing and implementing a therapeutic plan and monitoring the achievement of intended outcomes.

3.1 The key components of care and treatment are identified for each client and include:

- managing symptoms
- maintaining client privacy and dignity
- physical care related to treatment and comfort
- providing a therapeutic and safe environment for clinical interventions
- measures to prevent infection and other adverse occurrences
- nutritional support
- supportive counselling and education
- support for those with special care/treatment requirements, including children, child care issues, cultural, language, literacy level, concurrent disorders, age and gender
- religious and/or spiritual support
- emotional support and counselling of the client
- identifying and addressing barriers to accessing treatment options
- referrals to other community services when client needs can not be met within the Service's mandate
- accurate and timely recording of interactions/treatments provided and the outcomes to those interactions/treatments
- accurate record keeping and transfer of information at transition points (e.g., discharge summaries to referring agencies)
- documented evidence that timely transfer of information has occurred
- involvement of family/significant others, when appropriate

3.2 The options for care and treatment are explained so that the client, and when appropriate, family/significant others are able to make informed decisions.

3.3 Staff members understand each other's roles and their contribution to the implementation of care and treatment.

3.4 Education is provided to the client, and when appropriate, family/significant others as it relates to:

- immediate and continuing care needs

- health promotion and disease prevention, harm reduction, self-help options and the addiction continuum of care
- ensuring client awareness of his/her choices and active involvement in his/her care/treatment

4.0 There is a process to prepare the client for discharge.

4.1 Discharge planning is initiated and includes:

- determining the client's level of knowledge, and when appropriate, family/significant others about the options for continuing care
- providing options for continuing care
- involving other community care providers in the planning process
- a process for referral
- a process to ensure that clients understand and know how to access an aftercare plan and resolve unanswered questions
- a written discharge follow-up plan to be given to clients
- consideration of violence potential for the discharge environment for women and formulation of an appropriate safety plan
- a referral to women's only services as a first choice for women, based on best practices

5.0 There are processes related to maintaining an integrated client record.

5.1 Information contained in the client record is consistent with the sponsoring hospital/agency requirements.

5.2 Information contained in the client record will be accurate, accessible, up-to-date and secure.

5.2.1 Records meet applicable legislation for protecting the privacy and confidentiality of client information.

5.2.2 Appropriate staff have timely access to client information.

5.2.3 Staff shares client information and coordinates its flow between Service staff and other community workers involved in the client's care, with informed consent and as required.

5.3 Care and treatment is documented and includes, but is not limited to:

- current level of functioning
- details of client's condition and history of substance use and prior attempts at recovery and/or attainment of goals relating to substance use
- report of physical/emotional condition at the time of admission

- evidence of involving client, and when appropriate, family/significant others and community partners, as applicable in care and treatment planning
- progress notes, reports and/or consultations
- evidence of educating the client, and when appropriate, family/significant others and their responses
- client response to care and treatment
- outcomes of care and treatment
- evidence of discharge planning including necessary instructions to client, and when appropriate, family/significant others for follow-up care

6.0 The care and treatment process as a whole is consistent with applicable legislative requirements, standards of practice and the code of ethics of respective disciplines and the code of ethics for all service workers/volunteers.

7.0 There is a process for review and revision of the individual plan of care and treatment.

7.1 The actual outcomes of care and treatment are reviewed by the client and staff against the expected outcomes.

7.2 Variations between the actual and expected outcomes are reviewed.

7.3 In consultation with the client, and when appropriate, family/significant others the plan of care and treatment is revised based on the conclusions of the review.

8.0 There is a plan to meet ongoing client care following discharge.

8.1 The plan relates to:

- coordinating access and/or referral to addiction treatment and community support services (e.g., as outreach programs, self-help groups)
 - ◆ information about available community support services is given to the client
 - ◆ information is given to the community support service, with client's authorization/informed consent
 - ◆ the substitute decision maker will provide consent if the client is incapable of providing consent
- communicating all relevant information to the referring source and family physician with the consent of the client

- documenting plans and referrals for follow-up care and treatment in the client record, including:
 - ◆ place, date and reason for referral
 - ◆ contact person, as appropriate
 - ◆ report of the outcomes of care and treatment, as appropriate
- client receives a written copy of the aftercare plan
- ongoing telephone support

STANDARDS OF CLIENT CARE

STANDARD AREA IV

Quality Monitoring and Improvement

Telephone Supported WMS

1.0 There are processes for monitoring and improving the quality of care and treatment.

1.1 These will include analysis of data from:

- client satisfaction questionnaires
- feedback mechanisms by referring agencies
- reports of incidents and/or unusual occurrences
- the percentage of clients completing withdrawal process
- peer and management chart audits
- the client complaint process

1.2 The processes are developed and implemented collaboratively by the staff, client, and when appropriate, family and/or significant others.

1.3 The staff uses the latest research, evidence-based guidelines and best practice information to maintain ongoing quality of care.

2.0 There is a process for reviewing client care guidelines to ensure relevancy.

2.1 These will include the following sources:

- records of information
- client record
- job performance review
- meetings with the clients
- feedback from client
- staff meetings
- monitoring current client needs
- best practices
- Advisory Committee

3.0 There are indicators for outcomes of care.

3.1 The indicators for the outcomes are developed collaboratively by the staff and management.

3.2 Indicators for outcomes may be developed by Withdrawal Management Services/sponsoring hospital /agency and other key stakeholders.

4.0 There are indicators for quality of care.

4.1 The indicators are related to:

- processes and outcomes of client care/treatment
- the delivery and cost of service provision

5.0 Processes related to quality of care and treatment are selected in order of priority. These can be referenced to the CCHSA's Accreditation Program 2008, Mental Health Services.

5.1 Priority is given to processes that are:

- high risk
- high volume
- problem prone

5.2 Aspects of quality that are considered when determining priorities include any or all of the following:

- safety
- competence
- acceptability
- effectiveness
- appropriateness
- efficiency
- accessibility

6.0 Activities are undertaken to implement required improvements.

6.1 The resulting improvements are identified, implemented and documented.

7.0 The outcomes of quality improvement activities are communicated to all relevant stakeholders.

7.1 The outcomes are communicated through:

- reports
- newsletters or bulletins
- educational activities
- meetings
- postings within the Service where they are visible to consumers and staff

- team conferences
- interactions between individuals
- web-sites

8.0 There is ongoing evaluation of the improvements.

- 8.1 Responsibility is assigned for evaluating the improvements in care and treatment over time.
- 8.2 Monitoring activities include:
- repeat survey/evaluation
 - ongoing data collection, analysis and dissemination, as required
- 8.3 When necessary, changes are initiated to ensure quality improvements.

STANDARDS OF CLIENT CARE

STANDARD AREA V

Care Considerations for Older Adults

Telephone Supported WMS:

Older adults may experience more complications during withdrawal than younger adults, as the liver and kidney metabolize and eliminate alcohol or other substances more slowly.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of the older adult population.**
 - 1.1 The policies and procedures will address a referral to Residential withdrawal management services for the acute withdrawal phase for older adults.
 - 1.2 The policies and procedures will address a longer telephone supported period in the post acute withdrawal phase.

STANDARDS OF CLIENT CARE

STANDARD AREA VI

Concurrent Substance Use and Mental Health Disorders

Telephone Supported WMS:

Clients with concurrent (addiction and mental health) disorders are at increased risk of medical and psychosocial negative outcomes. It is important to provide specifically designed interventions for these clients.

- 1.0 There will be policies and procedures in place to address the delivery of care and treatment of clients with concurrent disorders.**
 - 1.1 The policies and procedures will direct the management of the prescribed medication and will be in compliance with the Medication Standards.
 - 1.2 The policies and procedures will address providing care collaboratively with other care providers (e.g., mental health clinician or physicians involved in the care of the individual and appropriate consent will be obtained).
 - 1.3 The policies and procedures will address situations that, if they arise, will require a referral for medical assessment (e.g., expressions of suicidal ideation/intention, non-compliance with medication regime, or symptoms of psychosis).

STANDARDS OF CLIENT CARE

STANDARD AREA VII

Care Considerations for Pregnant Women

Telephone Supported WMS:

Risk to the unborn child/children of pregnant women is well established. For this reason ease of access to the addiction treatment system is imperative. All pregnant women presenting for service will be referred for a medical assessment prior to admission.

1.0 There will be policies and procedures in place regarding ease of access.

- 1.1 The policies and procedures will address priority admission for pregnant women, including arranging appropriate alternative referrals when admission is not possible.
- 1.1 The policies and procedures will address consideration for extended stay.
- 1.2 The policies and procedures will address priority service for relapse from treatment programs.

2.0 There will be policies and procedures in place regarding referrals.

- 2.1 The policies and procedures will address mandatory referral for medical intervention for all alcohol withdrawal.
- 2.2 The policies and procedures will address cessation of opioids or sedatives/benzodiazepines only under medical supervision.
- 2.3 The policies and procedures will address priority referrals to treatment agencies/services.
- 2.4 The policies and procedures will address referral process to Public Health.
- 2.5 The policies and procedures will address referrals for possible methadone treatment for opioid dependent women due to the impact of use and withdrawal on pregnancy and the unborn child/children (e.g., spontaneous abortion, pre-term labour, fetal death, neonatal withdrawal).

- 2.6 The policies and procedures will address screening for sexually transmitted infections (STI's), HIV, TB, Hepatitis B and C, for impact on pregnancy and health of the unborn child/children.
- 2.7 The policies and procedures will address referral to an addiction medicine specialist with expertise in pregnancy, where available (according to "Managing, Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses").

3.0 There will be policies and procedures in place regarding ongoing care.

- 3.1 The policies and procedures will address a protocol for the necessity of pre-natal care.
- 3.2 The policies and procedures will address education and support regarding the impact of substances on pregnancy and the unborn child (e.g., Motherisk, Addictions Early Childhood Development Initiative projects).
- 3.3 The policies and procedures will address staff awareness of complications from substance use by pregnant women.
- 3.4 The policies and procedures will address the advisability of Case Management.

EDUCATION STANDARDS

STANDARD AREA I

Basic Education and Core Competencies

Telephone Supported WMS

1.0 The Service ensures recruitment and hiring of front-line workers that is consistent with the recognized minimum education, skills, knowledge base and core competency requirements.

1.1 Minimum education requirement:

- two year post-secondary diploma in a Health or Human Service Program, complemented by addiction studies

1.2 Demonstrated knowledge in:

- cultural sensitivity and inclusivity
- theories of addiction
- fundamental concepts of addiction
- treatment approaches/modalities
- pharmacology relevant to withdrawal management
- self help groups
- relapse prevention
- harm reduction
- effective withdrawal management
- group dynamics
- stages of change
- motivational interviewing
- trauma (as it relates to addiction)
- admission and discharge tools
- relevant best practices
- behaviour management
- mental health issues
- models of withdrawal management service delivery
- computer skills
- recognition of signs and symptoms of impairment

1.3 Required training in:

- C.P.R.
- first aid
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

- non-violent crisis intervention
- documenting principles

2.0 The Service has support services reflective of its specific needs and may include housekeeping, dietary, clerical and maintenance. The educational requirements and knowledge base for these positions is in alignment with the sponsoring hospital/agency.

2.1 Individuals holding these positions in a Withdrawal Management Service are sensitive to the client population, the program environment and confidentiality requirements.

3.0 The Service ensures that recruitment and hiring of Coordinators and Supervisors is consistent with recognized minimum education, skills, knowledge base and core competency requirements.

3.1 A minimum of a Bachelor Degree in a Health or Human Services discipline complimented by addiction studies and/or equivalent combination of education and experience. A minimum of three years clinical experience in the addiction and/or related health field is required. Certified Clinical Supervisor and/or other relevant certification is an asset.

3.2 Demonstrated core competencies including:

- leadership skills
- interpersonal communication skills
- problem solving skills
- conflict resolution skills
- staff management/supervision skills
- organizational skills
- diversity management
- clinical supervision

3.3 Skills and knowledge in:

- human resource management
- quality assurance and risk management
- shift scheduling
- providing staff training and education
- report writing
- the use of computers and applicable software
- debriefing techniques
- vicarious trauma/compassion fatigue
- models of withdrawal management service delivery

4.0 The recruitment of and hiring criteria for the Manager/Director is the responsibility of the sponsoring hospital/agency.

4.1 Recognizing that Withdrawal Management Services tend to be complex, it is recommended that the Manager/Director minimally meets the qualifications required for a Supervisor/Coordinator and is knowledgeable and experienced in the addictions field.

5.0 The Service ensures recruitment of volunteers with recognized skills relevant to their roles/duties, where applicable.

EDUCATION STANDARDS

STANDARD AREA II

Orientation and Professional Development

Telephone Supported WMS

The Service provides orientation, ongoing training and professional development for all staff, students and volunteers.

1.0 There is orientation for staff, volunteers and students.

- 1.1 The orientation to the service includes:
- physical layout of the service
 - mission and philosophy
 - position description/responsibilities
 - performance expectations
 - policy and procedure manuals
 - orientation to all relevant shifts
 - disaster and emergency plans
 - introduction to all staff
 - program goals and objectives
 - confidentiality requirements
 - safety and emergency procedures
 - quality improvement programs
 - health and wellness plans
- 1.2 The orientation to the sponsoring hospital/agency may include:
- mission and philosophy
 - services and programs provided in the facility
 - organization of the facility
 - introduction to key personnel
 - external disaster procedures
 - human resources policies and procedures
 - tour of the facility
 - Employee Assistance Program (if applicable)
 - Occupational Health and Safety Program (including Fire Safety, Infection Control and WHMIS)
- 1.3 Orientation is completed in a timely manner and participation is documented upon completion.

2.0 There are professional development activities utilizing in-service and external resources.

2.1 The professional development activities provide the knowledge and skills required to assist staff, students and volunteers in attaining and maintaining competency in their roles.

2.2 The professional development activities address current policies and procedures as well as needs identified through:

- needs assessments
- performance evaluations
- quality management activities
- utilization review activities
- risk management activities
- occupational health and safety activities
- organizational changes
- service changes within the program
- relevant legislation
- research activities
- client/referral source surveys
- clinical supervision

2.3 Participation is documented upon completion.

3.0 The Service has an annual professional development plan for staff and volunteers.

3.1 Components of the plan are identified through:

- performance evaluations and skills/competency assessment of individual staff
- assessing specific program needs or changes (e.g., technology, legislation)

3.2 The Service provides a minimum of 16 hours of continuing education and training opportunities annually for each employee. This includes:

- training relevant to the staff's scope of practice
- training relevant to the program's scope of service

3.3 The Service provides opportunities for ongoing education and training for volunteers relevant to their role and responsibilities.

3.4 Participation in continuing education is documented upon completion.

4.0 The Service has written policies and procedures regarding mandatory training and/or certification.

4.1 These include:

- C.P.R.
- first aid
- non-violent crisis intervention
- Core Knowledge and Skills for Withdrawal Management or Integrating a Concurrent Disorder Approach to Withdrawal Management

4.2 Participation and successful completion are documented.

5.0 There is an evaluation of the professional development activities.

5.1 Mechanisms for evaluation may include:

- participant feedback
- learning curve testing (pre and post testing)
- performance assessments
- cost-effectiveness analysis

PHYSICAL STRUCTURE/PLANT STANDARDS

PREAMBLE

It is understood that the ability of some Services to comply with the standards outlined in this section is limited, based on existing facilities.

The needs of the withdrawal management services will vary according to the needs of the individual Service.

Some sections of the following Physical Structure/Plant standards are only relevant to development of new facilities or structural renovations of current facilities.

1. It is expected that all Withdrawal Management Services will meet Provincial and local codes, standards and/or by-laws.
2. It is expected that all Withdrawal Management Service are functional and will address the physical aspects of the scope of service and are designed according to client centred principles (e.g., privacy, respect, safety).
3. A first priority in the planning of a Withdrawal Management Service is to ensure the health and safety of clients, staff and visitors to the Service.

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA I

Initial Planning Process

Telephone Supported WMS

1.0 Any plans for a new or renovated Withdrawal Management facility will be developed in consultation with key stakeholders.

1.1 Key stakeholders include:

- local/regional planning committees
- addiction and mental health community partners
- direct care givers – front line staff
- Advisory Committee members
- Sponsoring Hospital/Agency
- Local Health Integrated Network
- Ministry Of Health and Long-Term Care
- consumers
- architects/engineers/Fire Marshals/Health Inspectors and other relevant consultants
- others as deemed relevant

2.0 Location of the facility within the community is a primary consideration.

2.1 The following is addressed:

- access for those with physical challenges and other special needs
- accessibility based on local and/or other transportation services
- external space to facilitate client comfort and leisure activities
- easy access to emergency/medical services
- location, in terms of utilization, by all socio-economic groups

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA II

Physical Space – Client

Telephone Supported WMS

- 1.0 Every service will have appropriate clinical space which includes the following:
- private interview room for intake screening
 - private space for telephone support calls

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA III

Physical Space – Staff

Telephone Supported WMS

1.0 Every service will have the following designated staff areas:

- **staff washroom**
- **multi-purpose room for staff**
- **other functional spaces as determined by the scope of the Service**

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA IV

Physical Space – Administration/Support

Telephone Supported WMS

1.0 Every service will have appropriate administrative space as determined by the scope of the service and whether they are co-located or stand alone.

1.1 Administration (spaces may include):

- director's/manager's office
- supervisor's/coordinator's office
- clerical workspace
- office equipment room/area (e.g., fax/photocopier, printer/scanner)
- office/stationary storage
- secure client records/file storage (i.e., meet clinical records standards)
- waiting area
- multi-purpose boardroom/meeting areas
- parking

PHYSICAL STRUCTURE/PLANT STANDARDS

STANDARD AREA V

Environment

Telephone Supported WMS

Office/Work Site

1.0 The environment includes air quality, lighting, temperature, soundproofing, aesthetics and physical space.

1.1 Physical Space

- will take into account the scope of the service provided, the function of the program, client/staff needs including privacy and confidentiality

1.2 Air Quality

- will address bacteria and level of mould in the air, allergens, odours, circulation, other occupational health issues, level of humidity and any other relevant items

1.3 Lighting

- will address level of natural lighting as well as artificial lighting – the latter must give consideration to shift work, clients prone to seizures, the need for a calm environment, the need for individual area control and cost effectiveness
- will address emergency lighting needs taking scope of service into consideration

1.4 Communication

- will address emergency telephone needs taking scope of service into consideration
- will address secure networking with the sponsoring hospital/agency
- will address appropriate internal communication equipment (e.g., intercom system between floors and/or sections)

1.5 Temperature

- will address heat and cooling issues, need for individual room control and comfort

1.6 Sound Proofing

- will address minimal sound transfer from one area to another in order to provide privacy and minimize noise disruption to client care

1.7 Aesthetics

- addresses items such as colour schemes (i.e., some colours more calming than others), furniture (e.g., durability, comfort, ability to clean and disinfect) and choice of material



GLOSSARY OF TERMS

The Ontario Withdrawal Management Standards 2008

GLOSSARY OF TERMS

acceptability	each service provided meets the expectations of the client, family, providers, and paying agency; the quality, outcomes, costs, convenience of care and treatment, and provider attitudes may be considered when assessing acceptability.
accessibility	ability of client to obtain care and treatment at the right place and at the right time, based on their respective needs.
accountabilities	tasks for which an individual or group is held responsible. Accountabilities are responsibilities that may be delegated.
assessment	an ongoing process by which strengths, weaknesses, problems and needs are determined or addressed
audit	periodic in-depth review of key aspects of the organization's operations. This audit provides timely information about specific topics and/or cost-effectiveness of operations to management, addressing both quality and resources management issues.
client	any individual, family, group and/or community (internal or external to the organization) receiving care/treatment or service from the organization.
client needs	physiological, psychological, or social requirement for the well being of a client. Needs may or may not be perceived or expressed by the person in need. They must be distinguished from demands, which are expressed desires not necessarily needed.
cost-effectiveness	cost study that is designed to review various ways of providing a service in an effort to determine which method will best produce the quality of service required at least cost (management information system guidelines).
credentialling	process which includes competencies, knowledge and skills to be certified; assessment of each individual to determine compliance with requirements; issuance of a document to attest to the individual's possession of the requisites; and, periodic re-certification to ensure that the individual continues to possess the requisites for credentialing or meets new requisites made necessary by advances in the field.
crisis management	the immediate intervention in an emergency situation.

data	organized facts from which information can be generated.
discharge planning	planning for care and treatment after discharge from the organization. Participants in the discharge planning process include the client, family, health care team and the community. The basis for the plan is the team's assessment of the client needs in collaboration with the client and includes how, where and by whom these needs will best be met. Discharge planning is continual and flexible.
education/professional development	systematic and sustained learning activities for the purpose of bringing about changes in knowledge, attitudes, values or skills.
effectiveness	achieving or attaining outcomes, goals or objectives. It means working on the right things.
efficiency	refers to how well resources (inputs) are brought together to achieve outcomes, with minimal expenditure. It means doing things right.
ethics	standards of conduct which are morally and culturally correct.
evaluation/evaluate	assessment of the degree of success in meeting the goals of the organization, organizational unit or client.
goals	broad statement(s) describing outcomes of care and treatment or service, as they relate to the processes complemented. The goals provide direction for the day-to-day decisions and activities and describe the desired state for the future.
governing body	group or agency that has ultimate authority and accountability for the overall operation of the organization.
high risk	refers to aspects of care and treatment or service delivery, which if incorrect, will place clients at risk or deprive clients of substantial benefit.
high volume	refers to aspects of care and treatment or service delivery that occur frequently or affect large numbers of clients
indicator	tool used to monitor and evaluate the quality of important governance, management, clinical and support processes that affect the outcomes of care and treatment and service delivery. Indicators may be written in terms of any aspect of the structure-process-outcomes triad of healthcare, but usually they are either process or outcomes focused. The essential characteristics of an indicator are that it monitors and provides information about the quality of care and treatment and service

delivery that is being examined and that it provides for opportunities to improve. (David M. Angran, American Journal Hosp. Pharm. 1991; 48:1931, 1932)

infection control	practices to reduce or manage the potential and actual sources of infection in the organization and the community.
information system	network of steps to collect and transform data into information that supports managerial and clinical decision-making.
intervention	to come between as an influencing force; an action by a care provider to modify the outcomes of client care and treatment.
intoxication and withdrawal management	systematically performed activities that reduce risk and promote safe recovery.
mandate	a set of instructions/directives regarding service delivery given to the program by the Ministry of Health
mechanism	means of accomplishing a task.
mission	broad statement(s) in which the organization states what it does and why it exists. The mission distinguishes one organization from another.
monitor	the process by which the client is regularly checked for any signs and symptoms indicating changes in status. This process is ongoing for the duration of their residency.
objectives	concrete, measurable steps taken to achieve identified goals.
orientation	process by which the staff member and volunteer become familiar with all aspects of the work environment and responsibilities or, by which the client becomes familiar with the organization and immediate surroundings.
outreach	the extending into the community of services of assistance beyond current or usual limits.
plan of care	term used to describe the plan of comprehensive care and treatment for a client as determined by the particular diagnosis and needs of that individual. (also referred to as a care plan)
policy	written statement that clearly indicates the position and values of the organization or organizational unit on a given subject.
problem prone	refers to aspects of care and treatment or service activities that have produced problems in the past for staff or clients.

program/service	organized system of services or inter-related series of activities designed to address the health care needs of clients.
protocols	a systematic, detailed, documented plan/agreement negotiated by involved parties or established by a service/group to outline how things get done.
qualified	refers to credentials of staff who are professionally and legally prepared and authorized to perform specific acts. This includes registration, certification, licensure, or other formal approval.
quality improvement	organizational philosophy that seeks to meet and exceed client expectations by utilizing a structured process that selectively identifies and improves all aspects of care and service.
quality monitoring	process of establishing indicators of quality, monitoring performance against indicators and utilizing findings to make improvements.
recording	compilation of pertinent facts of a client's life and history including past and present concerns, needs and interventions written by team members contributing to the care and treatment of the client.
responsibilities	actions that a person or group is accountable for and which cannot be delegated to any other person or group.
result (outcome)	consequences, result or impact of an intervention(s) that may or may not be intended.
risk	exposure to any event that may jeopardize the health and/or safety of client, staff, students, volunteers, or the reputation, income, property, or liability of the organization.
safety	probability that the use of a particular drug, device, intervention, or service will not cause unintended or unanticipated hurt, disease, or injury (harm); the potential risks to the client must be avoided or minimized, and, if required, explained to the client and family.
service agreement	a written record of agreement for the development and delivery of specific service(s) as understood and agreed upon by all involved parties.
staff	individuals employed by the organization. Staff may include personnel whose services are contracted by the organization.

standard	desired and achievable level of performance against which actual performance can be compared
standards of care	focus on the client and specify the care and treatment that is valued by the organization. They should be consistent with, and evolve from the professional standards of practice, the values of the organization and the needs of the client population served. They describe the minimum, competent level of care and treatment that can be expected by every client and identify the expected outcomes of care and treatment.
support	those activities which focus on increasing the client's general well being.
timely	occurring at a point to achieve a particular purpose effectively.
treatment values	moral principles and beliefs that guide behaviour.
vision	description of what the organization would like to be.



APPENDICES

The Ontario Withdrawal Management Standards 2008

Appendix I

Admission and Discharge Criteria

September 2000

Ontario Substance Abuse Bureau

Ontario Addiction Services Advisory Council

Note:

In 2008, the Ministry of Health and Long-Term Care funded the Standards Committee for the Withdrawal Management sector to undertake a review and revision for those segments of the document relevant to withdrawal management services. This was necessitated by numerous innovations and emerging trends in withdrawal management services since the writing of the original document. The changes relate specifically to Service Definitions and Assessing the Client for Appropriate Level/Intensity of Withdrawal Management Services.

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Linda Sibley-Bowers, Assessment & Outpatient Managers' Coordinating Committee
Gail Schmidt, Centre for Addiction and Mental Health
Ian Stewart, Assessment and Outpatient Managers' Coordination Committee
Nancy Usher, Residential Addiction Services of Ontario
Susan Vincent, Drug and Alcohol Registry of Treatment
Peter Welch, Ontario Federation of Community Mental Health & Addiction Programs
Paul Welsh, Youth Managers' Coordinating Group
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Christine Bois, Centre for Addiction and Mental Health
Jill MacArthur, Assessment and Outpatient Managers' Coordinating Committee
John Scott, Assessment and Outpatient Managers' Coordinating Committee

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1. Background/Context

1.1 Why does Ontario need Admission and Discharge Criteria?

In the past, addiction treatment services across Ontario were using different criteria to admit and discharge clients, and to refer them to treatment services. With different criteria, clients could receive very different service referrals in different parts of the province. In some cases, client referrals were based more on available services, long-standing relationships between agencies and habit than on client need.

Over the past two years, a number of agencies and organizations started to work together to develop standard admission and discharge criteria. The Ministry of Health and the Ontario Addiction Services Advisory Council (OASAC) have worked with representatives of addiction service agencies to develop standardized admission and discharge criteria¹ that addiction staff across the province can use to guide their practice.

The criteria are designed to put the client first, and encourage addiction agencies to focus on meeting client needs, rather than fitting clients to available services.²

1.2 Key Principles

The criteria are based on several key principles:

The addiction treatment service system exists to meet the needs of people with addictions, who are clients of the system rather than clients of individual agencies.

Addiction treatment service agencies, through a coordinated and integrated network of services, will meet each client's individual needs, rather than trying to fit clients into predetermined services.

The addiction treatment service system will reflect and use best practices.

Clients will receive an appropriate level of assessment that is individualized and tailored to the client's needs, recognizes the importance of previous assessment information, and avoids duplication.

Clients will be offered the least intrusive intervention that is most likely to help them regain their health.

¹ The Ministry of Health and the Ontario Addiction Services Advisory Council (OASAC) have also developed standard definitions for addiction treatment services, which are included in this document, and a standard assessment package available separately.

² For information about the location and availability of addiction treatment services, contact the Drug and Alcohol Registry of Treatment (DART) 1-800-565-8603 or the Ontario Problem Gambling Helpline (OPGH) 1-888-230-3505.

Clients will be referred to residential medical/psychiatric treatment services only when they have serious psychiatric and/or medical problems and require specialized treatment in a multidisciplinary setting.

Addiction treatment service agencies will adopt a stepped approach to care, placing clients in the least intrusive intervention, which will meet their needs, and then helping them to move easily through the system, as their needs change.

Clients will be continually assessed/reassessed throughout their treatment to ensure that the services they receive match their needs.

Services can be provided in a variety of settings (including outside the addiction treatment system).

Addiction treatment services will be coordinated and avoid unnecessary duplication.

Addiction treatment agencies will develop common protocols and agreements to ensure that clients can move easily between different levels and intensities of service.

1.3 What will the Criteria Do?

The admission and criteria are designed to help agencies determine the level, intensity and type of services that clients need throughout their treatment. By applying these criteria, agencies will be able to help clients move through the system, based on their changing needs, rather than prescribed lengths of time in service. For example, clients in a residential service who achieve their treatment goals and meet certain criteria could be referred to a community treatment service, while clients who need more time in residential services will stay longer. Clients in community services who achieve their treatment goals and meet certain criteria may be offered a less demanding treatment schedule. On the other hand, clients in a community treatment service who meet the criteria for more intensive support to manage their addiction might be referred to a residential treatment service. This approach, which focuses on ensuring clients receive appropriate services, should lead to a more cost-effective, streamlined, efficient system, which is better able to meet client needs.

Unlike past criteria used for admission and discharge, these criteria:

- differentiate between treatment and housing needs. (They make the assumption that many clients can make the required changes with community treatment services while living at home, while some may need both community treatment services and residential support services, and others will need residential treatment services.)
- include a preparation/stabilization phase (which can occur in different settings) that allows clients to address issues that might interfere with their treatment.

The criteria do not include referral to mutual-aid/self help services because clients may participate in these programs regardless of the level of service they attend or require.

1.4 Using the Criteria: the Role of Clinical Judgement

The main goals of the criteria are to: promote a client-focused, stepped approach to addiction treatment; and to encourage clinicians to think about their practice and how they make admission and referral decisions. This document lays out a series of questions that clinicians can use to help ensure that clients receive the help they need and are referred appropriately.

The criteria should not be applied -- or admission, discharge and referral decisions made -- regardless of all other factors. There will always be exceptions. Clinicians should consider:

- geographical or other barriers, which may make it necessary to refer clients to a different level/intensity of service than indicated by the criteria.
- client choice -- a client may refuse the proposed level/intensity of service and request a less intensive one.

Clinicians are also encouraged to use their clinical judgement when applying these criteria. However, whenever clinicians make an admission or referral decision different from the one indicated by the criteria, they should be encouraged to explain the rationale for their decision, and include the explanation in the client's file.

NOTE: *At this stage in their development, the criteria are broad and may not be specific enough to guide all clinical decisions with youth, older adults or members of culturally diverse groups. When using the criteria with these clients, clinicians are encouraged to use their clinical judgement.*

2. Service Definitions

With a new approach to addiction treatment services (i.e., client-focused, stepped approach to care) comes new language and understanding. To ensure some consistency in how the addiction treatment system refers to services, the Ministry of Health and the Ontario Addiction Services Advisory Council have developed some standard service definitions.

2.1 Introduction

To report, monitor, plan, evaluate and provide services to clients, all stakeholders in the addiction treatment system should agree on and use the same standard service definitions. The same definitions should -- and will -- be used by the Substance Abuse Bureau for provincial rationalization, when allocating resources and in monitoring service utilization. Service providers and planners within local systems will be able to use these definitions during the planning stage and when admitting and discharging clients. DART will use these definitions for agency reporting and when providing information about the availability of treatment services to the public and professionals. DATIS will use the definitions to collect information about the utilization, cost and outcomes of Ontario's addiction services.

In keeping with efforts to take a client-centred approach to substance abuse/gambling treatment and related services, the terms "community" and "residential" are used throughout this document to refer to where the client lives while accessing a service. These terms are not intended to imply anything about the agency or service provider, such as location, sponsorship or philosophy.

2.2 Definition of a Treatment Service

A "service" refers to a broad category of specialized addiction treatment or support that constitutes part of the continuum of care. A treatment service is comprised of programs consisting of specific activities or clinical modalities (e.g., relapse prevention, psychotherapy, family therapy, pharmacotherapy, motivational interviewing, social skills training, crisis management).

One of the specific goals of the provincial rationalization project is to increase the number and range of "services" provided by organizations involved in addiction treatment (i.e., encourage multi-functional agencies). Currently, treatment "services" exist in different organizational contexts. Some services operate within an independent free-standing agency. In other instances, the treatment service may be provided by a larger organization such as a public health unit or hospital. In still other instances, a treatment service provides particular activities that are grouped into specific programs (e.g., a family intervention program, a Guided Self-Change program, and a relapse prevention program).

While it is beyond the purpose and scope of this report to define the various organizational contexts in which treatment services exist, there will be a subsequent need to define common reporting units for OSAB, DART, DATIS and perhaps other information systems. This process will be initiated and monitored by the OSAB using,

for example, OSAB numbers or DART reporting numbers. Each reporting unit will provide one or more of the services defined in the next section.

2.3 Categories of Service

- Entry:** Activities and decision-making steps, which underlie the process by which someone obtains information about and/or enters the addiction treatment system. Includes:
- ***Inquiry Contact*** (a request for information about agency programs, the treatment system, or other issues, made by a person from the community, a staff member from another agency, or another professional)
 - ***Intake*** (contact with a person to determine whether he or she is eligible for agency services, to register the client into the agency, and to orient the client to services available at the agency)
 - ***Screening*** (a brief process that collects information in only enough detail to determine the client's immediate needs and to provide direction for next steps in the assessment/treatment process. The screening process can also provide information to clients, which assists clients in clarifying their own position regarding next steps. Screening may occur in an individual or group format.)

The various activities in **Entry Services** may occur by telephone, Internet, or face to face, and may be conducted in one session or more, in one or more locations, and individually or in a group.

Initial Assessment/Treatment Planning Services: The **initial assessment** is a process involving mutual investigation or exploration that provides the clinician with more detailed information for the purpose of determining specific client needs, goals, characteristics, problems and/or stage of change. Assessments vary in length according to the client's situation, and comprehensive assessments may be reserved for clients with more complicated histories and problems. This assessment forms the basis for initial treatment planning, a process of negotiation based on feedback from the assessment results, the client's strengths, prioritized problem areas, clinician judgement, client preferences and readiness for change, and the identification of potential barriers to treatment entry. This culminates in the development of a clear plan of action, including referrals as appropriate.

Case Management Services: a process which includes the designation of a primary worker whose responsibilities include the ongoing assessment of the client and his/her problems, ongoing adjustment of the treatment plan, linking to and coordination of required services, monitoring and support, developing and implementing the discharge plan, and advocating for the client. Case management services are offered regardless where the individual is in the system.

Community Treatment Services: 1-2 hour sessions in group or individual format, typically once a week or less often, while the client resides elsewhere in the community. Community counselling/treatment includes brief intervention, lifestyle and personal counselling to assist the individual to develop skills to manage substance abuse/gambling and related problems, and/or maintain and enhance treatment goals. Such activities as relapse prevention, Guided Self-change, family intervention, follow-up and aftercare are included here. Care may be provided with or without medical/psychiatric treatment. Frequency and length of sessions may vary depending on client need and program format. May be offered in a variety of settings including outreach to the client's home, school, an addiction agency or other service setting. Outreach includes activities such as early intervention but not prevention, education or public relations activities.

Community Medical/Psychiatric Treatment Services: a specific non-residential service to meet the needs of individuals with concurrent disorders. This service may be offered either through a structured day/evening program or community treatment. These services are usually part of broader hospital services and employ physicians, nurses and staff specializing in the treatment of concurrent disorders.

Community Day/Evening Treatment Services: a structured, scheduled program of treatment activities typically provided five days or evenings per week (e.g., 3-4 hours per day) while the client resides at home or in another setting, including residential supportive treatment services, to assist the individual to develop skills to manage substance abuse/gambling and related problems.

Residential Treatment Services: a structured, scheduled program of treatment and/or rehabilitation activities provided while the client resides in-house, to assist clients to develop and practise the skills to manage substance use and related problems. In addition to the scheduled program activities, clients have 24 hour access to support and the residential treatment milieu.

Residential Medical/Psychiatric Treatment Services: a structured, scheduled program of addictions treatment and/or rehabilitation activities provided for clients whose biomedical, emotional and/or behavioural problems are severe enough to require individualized medical/psychiatric care, while the client resides in-house. The treatment and/or rehabilitation is intended to assist the individual in stabilizing and managing his/her medical/ psychiatric problems, while also addressing the addiction problem per se, or to allow for referral to appropriate substance abuse/gambling treatment. In addition to the scheduled program of addictions treatment and rehabilitation activities clients have 24 hour access to support and the residential treatment milieu.

Residential Supportive Treatment Services³:

Level I: Housing and related recovery/support services such as lifestyle counselling, coaching for activities of daily living, community reintegration, vocational counselling and mutual aid, provided to clients who require a stable, supportive environment prior to, during, or following treatment, which is accessed elsewhere.

Level II: Housing/accommodation in alcohol/drug-free setting. Addiction services are not offered on-site or as part of the housing service.

All residential withdrawal management services will be sponsored by a hospital as required by the Liquor Control Act.

All non-residential withdrawal management services will provide client care in partnership with residential withdrawal management centres who provide 24/7 backup services as required.

Residential Withdrawal Management Services (RWMS): assistance with voluntary withdrawal from alcohol and/or other drugs to clients who are under the influence of these substances and/or in withdrawal or otherwise in crisis directly related to these substances. This care is provided in a Withdrawal Management Centre, or on an inpatient basis in a hospital. Care may be provided with or without the aid of drug therapy and/or other medical interventions. Additional support such as discharge planning and early recovery education is provided. Service is provided at three levels. Service is provided as per the definitions of levels of service – page 12 and 13.

Community Withdrawal Management Services (CWMS): assistance with voluntary withdrawal from alcohol and/or other drugs to clients who are under the influence of these substances and/or in withdrawal or otherwise in crisis directly related to these substances. Clients may be simultaneously accessing residential support services, or they may be residing in their home, the home of a significant other or in another safe community setting. Care may be provided with or without the aid of drug therapy and/or other medical interventions. Additional support such as discharge planning and early recovery education is provided. Service is provided at three levels. Service is provided as per the definitions of levels of service – page 12 and 13.

Day Withdrawal Management Services (DWMS): assistance with voluntary withdrawal from alcohol and/or other drugs to clients who are experiencing mild to moderate withdrawal symptoms and do not require 24/7 monitoring. Clients may be simultaneously accessing other support services, they must be residing in their home, the home of a significant other or in another supportive community setting.

³ Note: Based on feedback on the draft criteria, the name of this service definition has been revised, but the definition itself has not.

Programming will be provided a minimum of 25 hours per week. Services will be provided in a flexible manner in order to meet the diverse needs of clients. Care is provided in a Withdrawal Management or other appropriate setting. Care may be provided with or without the aid of drug therapy and/or other medical interventions. Additional support such as discharge planning and early recovery education is provided.

Telephone Supported Withdrawal Management Services: an alternative option for assisting a client with voluntary withdrawal from alcohol and/or other drugs. It is intended for clients who cannot access direct services on a regular basis and who are experiencing only mild withdrawal symptoms and do not require ongoing visual monitoring. Clients may be simultaneously accessing other support services. Service provision will include an initial face-to-face assessment to determine that the client can be safely monitored by telephone supported withdrawal management services, followed by ongoing and regularly scheduled telephone support. A support person is available, but is not necessarily with the client 24/7 during the withdrawal.

Withdrawal Severity Definitions (for alcohol)⁴:

Mild Withdrawal: Signs and symptoms may occur within 24 hours and subside 48 hours after stopping or substantially reducing alcohol intake.

- mild anxiety
- mild dehydration
- dyspepsia
- mild hypertension
- malaise
- mild sweating
- tachycardia
- headaches
- insomnia
- slight tremor

Moderate Withdrawal: Signs and symptoms may occur within 24 hours and subside 72 hours after stopping or substantially reducing alcohol intake.

- moderate anxiety (will respond to reassurance)
- dehydration
- diarrhea
- anorexia
- mild to moderate hypertension
- nausea and vomiting
- weakness
- hyperventilation & panic attacks
- moderate sweating
- dyspepsia
- headaches
- insomnia
- mild tremor

⁴ Adapted from New South Wales Clinical Detoxification Guidelines, May 1999

Severe Withdrawal: Signs and symptoms may occur within 24 hours or may be delayed until 48 hours or more after stopping or substantially reducing alcohol intake. The usual course is three days, but it can be up to 14 days.

- acute anxiety (may or may not respond to reassurance)
- disorientation (time and place)
- dehydration
- fever
- diarrhea
- hallucinations (auditory, tactile or visual)
- moderate to severe hypertension
- hyperventilation & panic
- agitation
- excessive sweating
- vomiting
- sensory hyperacuity
- tachycardia
- marked tremor

Levels of Service for Withdrawal Management Services

The following three levels of service apply to both community and residential withdrawal management services.

Clients at all levels who are not taking any medication are considered /assessed for admission.

Level I

- Client symptoms can be safely monitored by staff who are not medically trained.
- Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/after hours clinic/health centre/hospital emergency department.
- Client/staff ratios do not permit high intensity symptom monitoring.
- In consultation with a physician, if necessary, consider/assess individuals for admission who are taking the following types of medication:
 - Medications for medical problems
 - Medications for diagnosed psychiatric problems
 - Pain medications only for acute injuries or recent surgery

Level II

- Client symptoms can be safely monitored by staff who are not medically trained.
- Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/after hours clinic/health centre/hospital emergency department.
- Routine medical consultation and sufficient staff resources are available to consider management of the following medications/situations:
 - All medications as listed in Level I
 - Clients on methadone
 - Clients being tapered from benzodiazepines or narcotics

Level III

- Client symptoms require monitoring by medically trained staff.
- Medical consultation and staff are available on a constant basis to monitor and manage the following medications/situations:
 - All medications as listed in Level I
 - Circumstances as listed in Level II
 - Medically-assisted withdrawal

3. Client Strengths and Needs

This section describes the seven categories of client strengths and needs that should be used to assess client functioning and match a client to the services described above.

3.1 Acute Intoxication and Withdrawal Needs

The client's ability to function related to use of and withdrawal from substances.

Does the client have intoxication/withdrawal management needs?

Clients who have recently used substances and may be intoxicated or in withdrawal should be assessed for their need for withdrawal management services. These needs will be considered mainly when clients first enter the system, but should also be reviewed when a client relapses or has any change in his/her withdrawal management needs.

The criteria are designed to help clinicians assess the level of intervention required. The criteria reinforce the fact that a client's need for withdrawal management services may be complicated by medical problems or needs. For example, is the client stable enough psychiatrically or physically to participate in a withdrawal management service? Is the client using any prescribed medication appropriately?

3.2 Medical/Psychiatric Needs

Any signs or symptoms of medical/psychiatric problems.

Does the client have any current acute or chronic medical or psychiatric problems that would interfere with his/her ability to participate in addiction treatment? Does he/she need medical/psychiatric care?

Clients who have medical or psychiatric issues should be assessed for their need for medical or psychiatric services, or for their need for addiction treatment services that can be adapted to their needs. For example, clients who have medical problems may not have the stamina or physical energy to take part in a structured treatment service or may need more support than most services provide. Clients who have psychiatric problems – such as depression, anxiety, thought disorders, problems with memory or concentration or suicidal thoughts – may also be unable to participate in a service until these problems are treated, and the clients are stable.

3.3 Emotional/Behavioural Needs

The client's ability to function in terms of life skills, problem solving, coping skills and self management.

Does the client have any difficulty with the basic activities of daily living, such as getting up, getting dressed, basic hygiene, getting meals or getting to appointments on time?

Clients' ability to manage daily activities should be assessed to determine the level/intensity of treatment services and supports they may need. Clients who have good life or problem solving skills – or only a few life problems -- will likely need less intense services (e.g., weekly community treatment services). While those with complex life problems may need residential services.

A client's progress in developing life skills will also be a key factor in helping him or her move through the system.

3.4 Treatment Readiness

The client's readiness to change their substance use or other aspects of his/her life.

Is the client ready to make a change?

Clients will be at different stages of readiness to deal with their substance use, or with other problems in their lives that may trigger substance use. Clients' willingness to make a change should be assessed to help determine the appropriate level/intensity of service required to help them make the change. People who are highly motivated will likely need less intense services. People who are not yet ready to change may need motivational counselling and other supports. The assessment questions are based on the framework developed by Prochaska and DiClemente.

A client's readiness for change should also be reassessed if the client has trouble maintaining agreed upon treatment goals and when the client is being discharged, to help determine whether the client needs other supports or services.

3.5 Relapse Potential

The client's potential to resume substance use (if the client is abstinent) or to relapse from agreed upon treatment goals.

Is the client likely to relapse? What level/intensity of service does the client need to maintain his/her treatment goals?

Clients should be assessed for their potential to relapse. A better understanding of the clients' recent history of use and the strategies they use to avoid substance use will help clinicians determine the level of support they may need to avoid relapse. For

example, someone who has been able to be abstinent for a week or longer and has appropriate support may be a candidate for day/evening treatment. On the other hand, someone who has been using steadily over the past one to three months, has not been able to abstain for any length of time, and has strong cravings may need residential support services.

During the course of addiction treatment, clinicians can use clients' relapse potential, along with a consideration of the clients' strengths and needs, to determine whether the clients are ready to move on in the system as well as the supports they may require.

3.6 Recovery Environment/Supports

The level of support and safety available to the client.

What support does the client have in his/her environment? Is there problem drinking or drug use? Does the client feel pressure to use? Is the client safe? Does the client have supportive family and friends?

Clients should be assessed for the ability of their environment to provide the safety and support they may need to recover. Clients who have supportive environments are likely to need less intensive services, while those in unsafe environments may need more intensive residential treatment services or residential supportive treatment services to be able to participate in treatment.

In assessing clients for their ability to move to a less intensive service or to be discharged from addiction treatment, clinicians should review their environment and determine whether they will have the supports to maintain their health and avoid relapse. If environment continues to be an issue, then the clinician can identify other services and supports that the client may need.

3.7 Barriers and Resources

The barriers/commitments that may prevent a client from participating in treatment, and the resources the client has or needs to be able to attend scheduled treatment.

Does the client have any barriers or commitments that may keep him or her from participating in treatment? What resources does the client need to be able to attend treatment?

Clients should be assessed for other responsibilities or issues in their lives that may keep them from attending treatment. For example, do they have medical or other appointments they have to attend? Do they have access to transportation or do they have enough money for transportation? Is childcare or other family commitments or responsibilities an issue?

Are there legal factors (e.g., court appearance, jail sentence) that may prevent clients from attending treatment?

Is the client experiencing some kind of crisis and require support during the time before entering treatment? Clients may require support during a crisis at anytime in any level of care or treatment.

These practical issues can have a direct impact on client care – particularly when clients first enter the addiction treatment system. However, they should also be reviewed whenever the client is ready to move to a different service in the system.

4. Admission Criteria

This section contains a series of decision trees which reflect the seven categories of client strengths and needs. They are designed to summarize the criteria clinicians will use when working with clients. Clinicians can use the decision trees to help them make appropriate decisions about where to admit clients when they first enter the treatment system, and when to refer them to other services in the system.

All the decision trees are based on the principle that clients will be referred to the least intrusive service that can meet their needs.

4.1 How to Use the Decision Trees

The Admission Decision Tree on page 16 is a guide to all the admission decision trees and how they relate to one another.

For each client, clinicians will work through each series of questions, beginning with the Initial screening/Problem identification decision tree on page 17, and then working through the other decision trees that are appropriate.

NOTE: All admission decision trees will not apply to every client.

As noted earlier, clinicians will continue to use their clinical judgement in assessing, referring and discharging clients.

5. Referral and Discharge Criteria

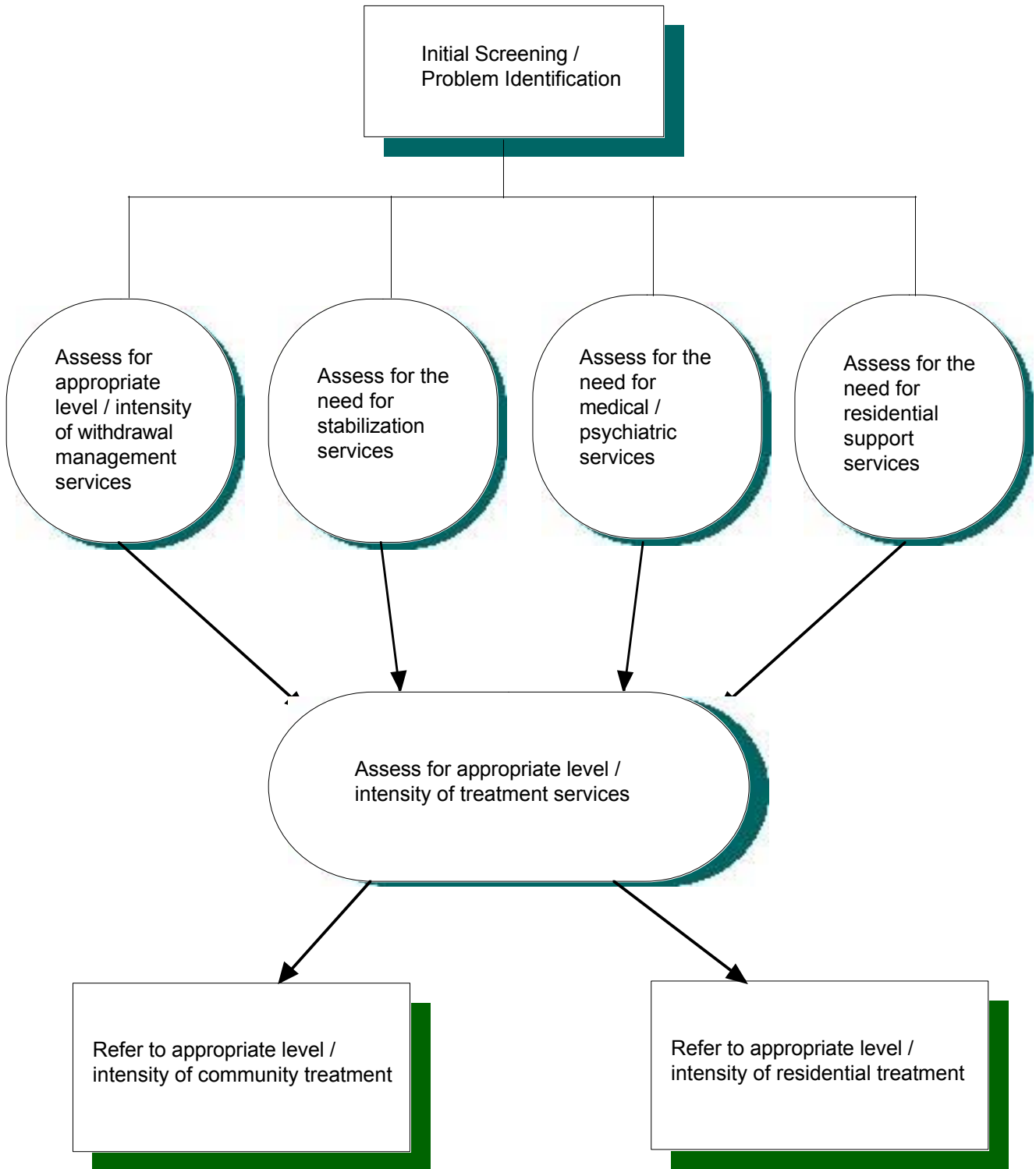
At each stage of treatment – whether it is in a withdrawal program, a stabilization program, a treatment program or residential supportive treatment program – clients should be continuously assessed to determine their need for other services and their readiness to move to the next stage of treatment. Clients will progress at different paces.

For example, some will need more time than others in withdrawal and stabilization. Clients should be able to move easily from one service to another -- either less intense or more intense -- depending on their needs. Clinicians can use the criteria and decision trees in this section to help determine when a client needs to move within the system and when they may be ready for discharge.

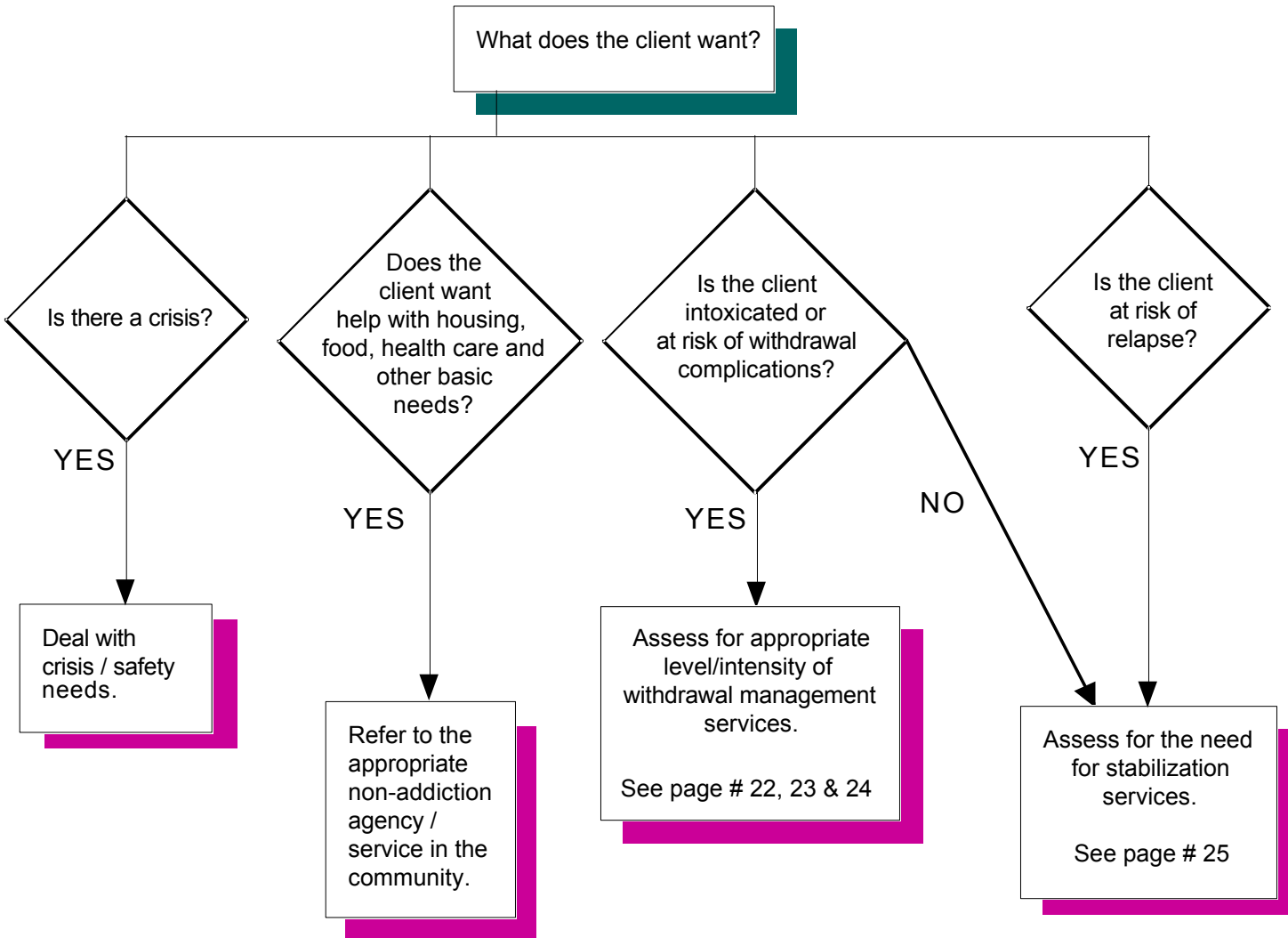
The Discharge Decision Tree on page 31 is a guide to all the discharge/referral decision trees and how they relate to one another. The other decision trees are specific to clients in a certain treatment service.



Admission Decision Tree

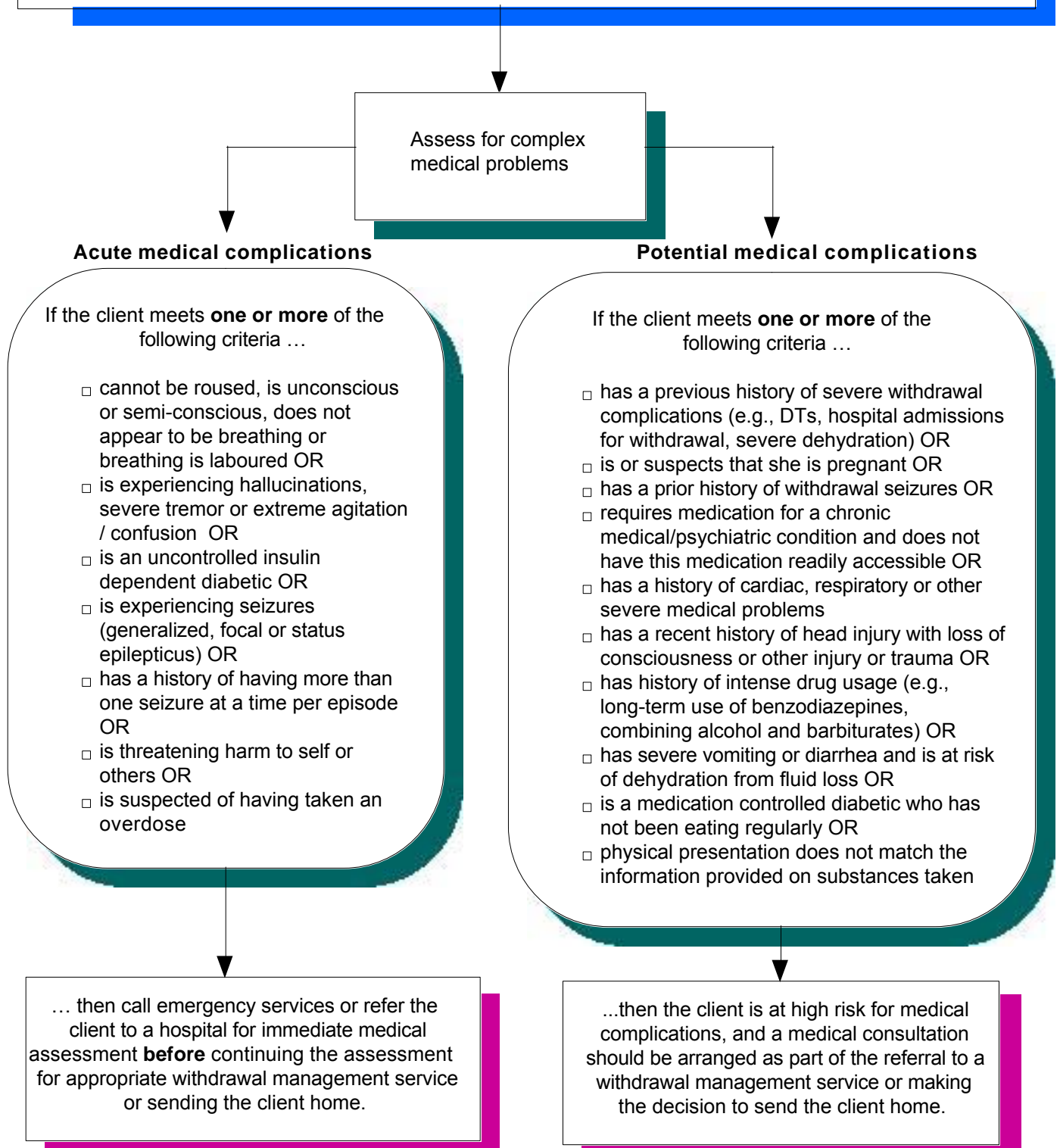


Initial Screening / Problem Identification



For information about treatment services available, call the Drug and Alcohol Registry of Treatment (DART) at 1-800-565-8603 or the Ontario Problem Gambling Hotline (OPHG) at 1-800-230-3505.

Assessing the Client for Appropriate Level/ Intensity of Withdrawal Management Services Part I



For consultation on the need for medical assessment, contact hospital emergency departments, physicians, withdrawal management centres or the CAMH Clinical consultation Service at 1-800-720-2227.

Assessing the Client for Appropriate Level/ Intensity of Withdrawal Management Services Part II

If the client meets **at least one** of the following criteria:

- requires 24 hour monitoring of withdrawal symptoms OR
- needs to remove him/herself from the present environment and/or requires a protected setting to be able to abstain OR
- would benefit from a supportive group atmosphere

...AND the client meets **all** of the following criteria:

- requires the support of a withdrawal management setting AND
- exhibits behaviour that is suitable for a structured peer environment (eg. not violent or abusive) AND
- is willing to manage without addictive medications but, if required, a physician is willing to collaborate with WMS according to the Ontario (Withdrawal Management Standards

... then refer the client to a residential withdrawal management service.

If client meets **all** of the following criteria:

- exhibits non-violent emotions/behaviour AND
- has a safe, supportive environment where access to substances is restricted AND
- has made a choice to withdraw in a community setting AND
- has a support person who is educated about withdrawal symptoms and management, and who is able to provide monitoring and support AND
- can access 24 hour medical support and consultation AND
- has a plan in place for medically assisted withdrawal, if required.

... then refer the client to a community withdrawal management program or service – if they are available in your community. If they are not available, refer the client to the closest residential withdrawal management service.

....see additional assessment information on next page

Assessing the Client for Appropriate Level/ Intensity of Withdrawal Management Services Part III

If client meets **all** of the following criteria:

- Client is in MILD to MODERATE withdrawal from any substance or combination of substances AND
- Client's participation is voluntary AND
- Client agrees to abstain from all non-prescribed medications and illicit drugs while in care for withdrawals AND
- Client has a supportive and safe environment to live in (i.e., transitional home or temporary shelter) AND
- Client has a minimum of at least one supportive person to assist in monitoring and providing encouragement AND
- Client has a fixed address and access to a telephone number that provides privacy (so client can be contacted when required) AND
- Client will attend the program daily (or as scheduled by program staff).

...then refer the client to day withdrawal management services

If client meets **all** of the following criteria:

- Client is in MILD withdrawal from any substance or combination of substances AND
- Client's participation is voluntary AND
- Client agrees to abstain from all non-prescribed medications and illicit drugs while in care for withdrawals AND
- Client has a supportive and safe environment to live in (i.e., transitional home or temporary shelter) AND
- Client has a minimum of at least one supportive person to assist in monitoring and providing encouragement AND
- Client has a fixed address and access to a telephone number that provides privacy (so support can be provided when required) AND
- Client will be available for telephone support on a regularly scheduled basis

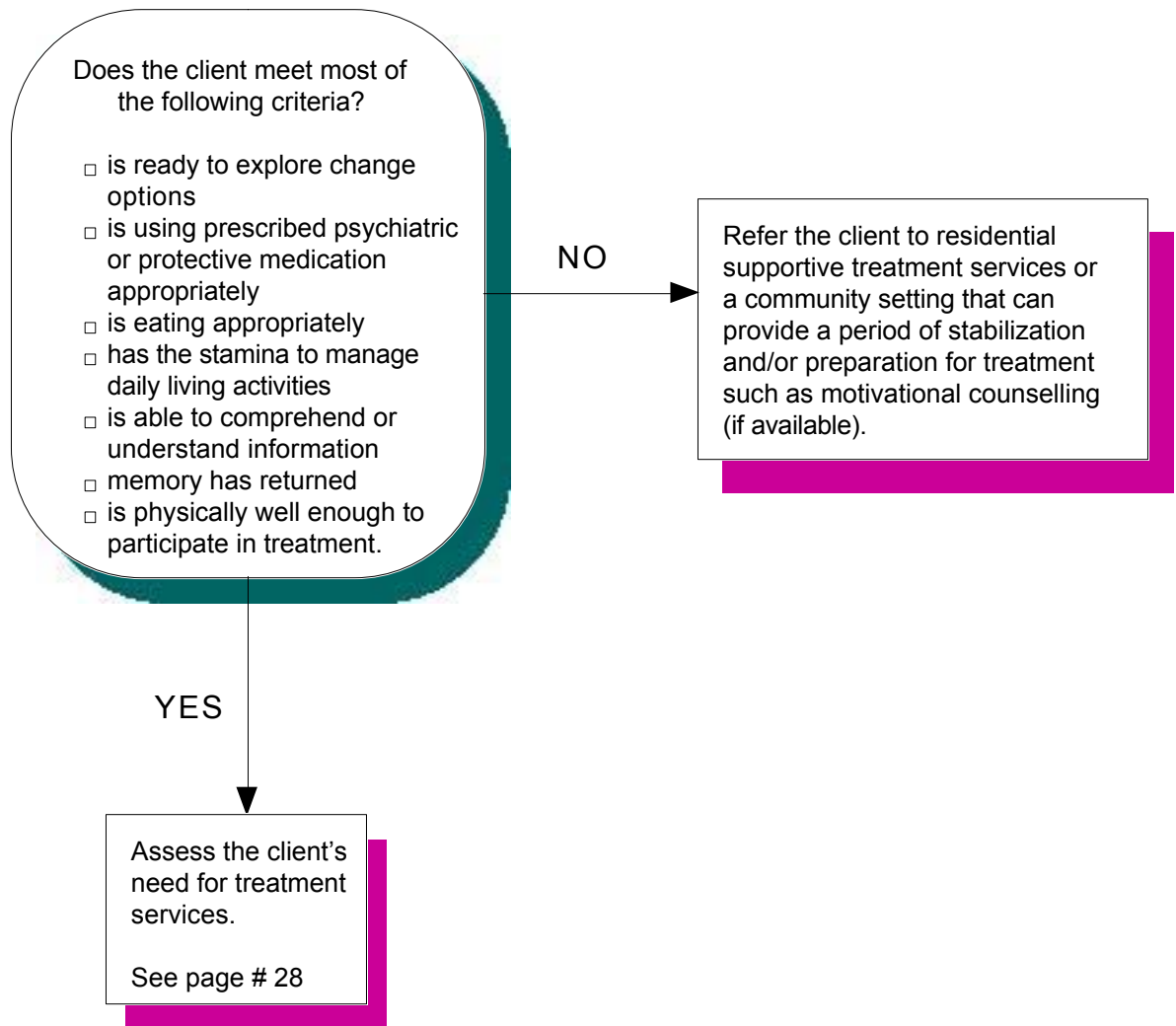
...then refer the client to telephone supported withdrawal management services

If client chooses not to participate in a formal withdrawal management service....

then give client information about other services/resources, and suggest he/she see a physician.

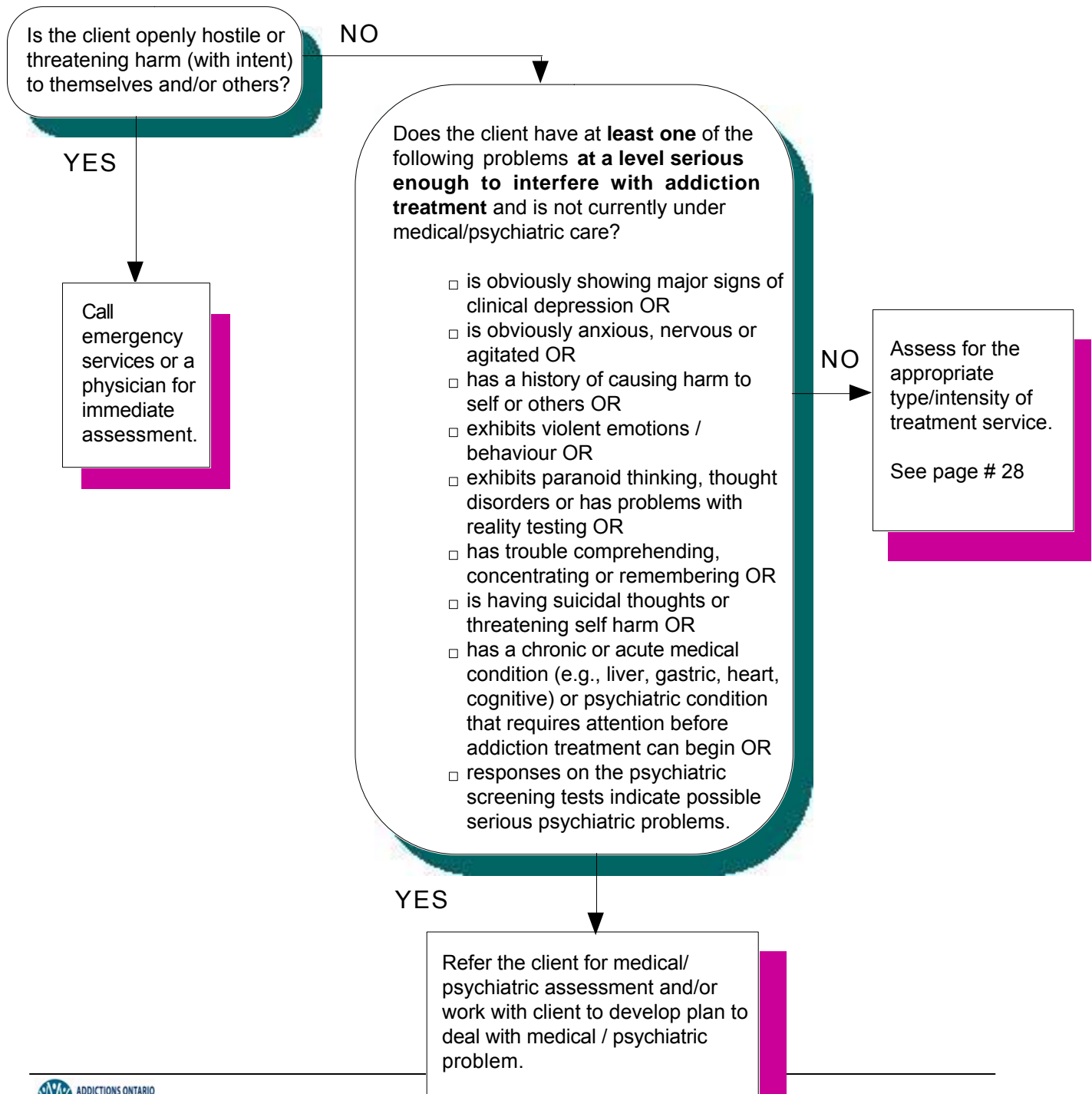
Assessing the Client's Need for Stabilization Services

Some clients may be over the acute stage of withdrawal but need a period of stabilization before they are able to participate in treatment. Others may not require withdrawal services, but may still need a period of stabilization before they are ready for treatment.



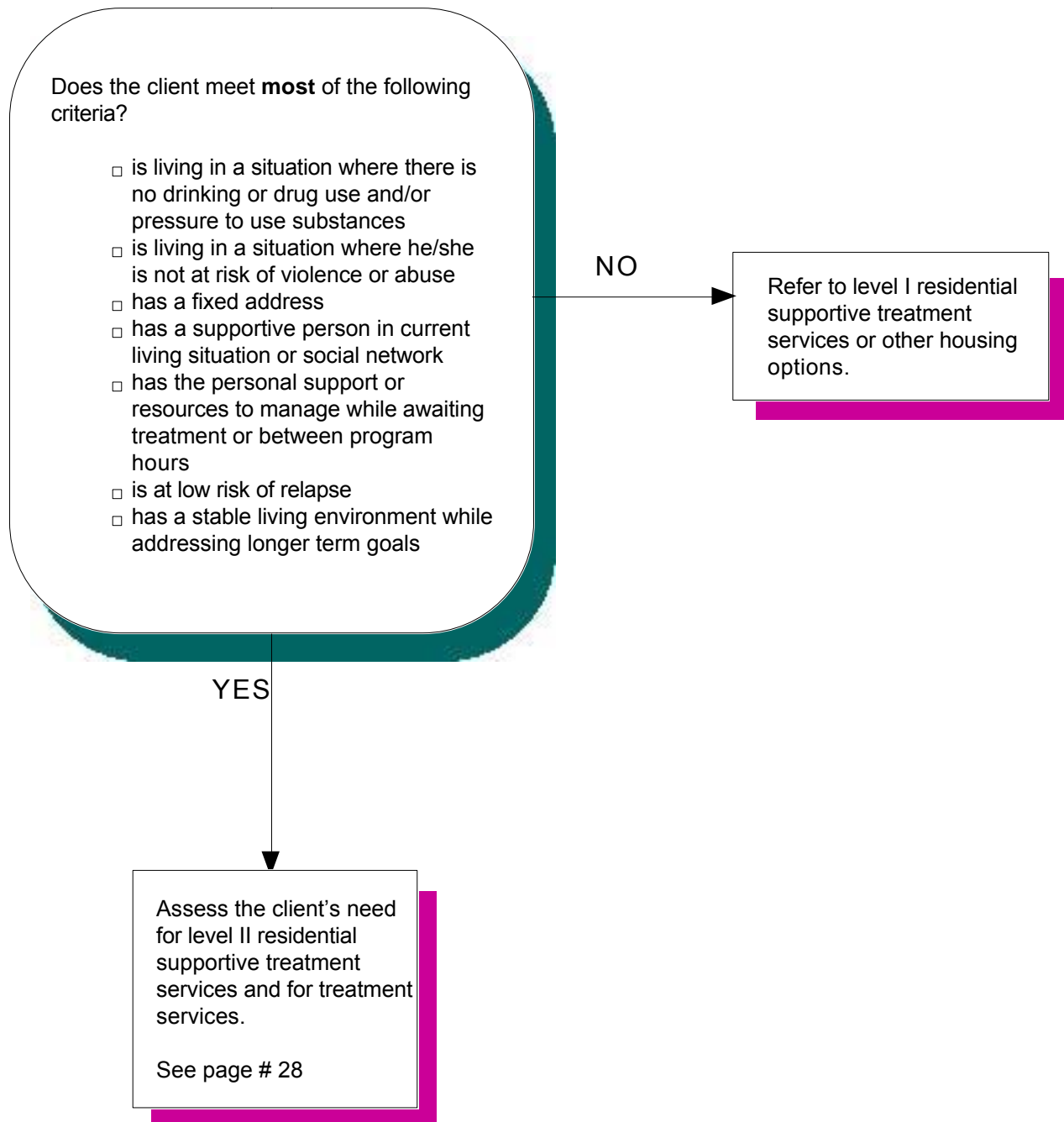
Assessing the Client's Need for Medical/Psychiatric Services

Serious medical or psychiatric problems can interfere with a client's ability to participate in treatment and can occur at any time in the treatment process.



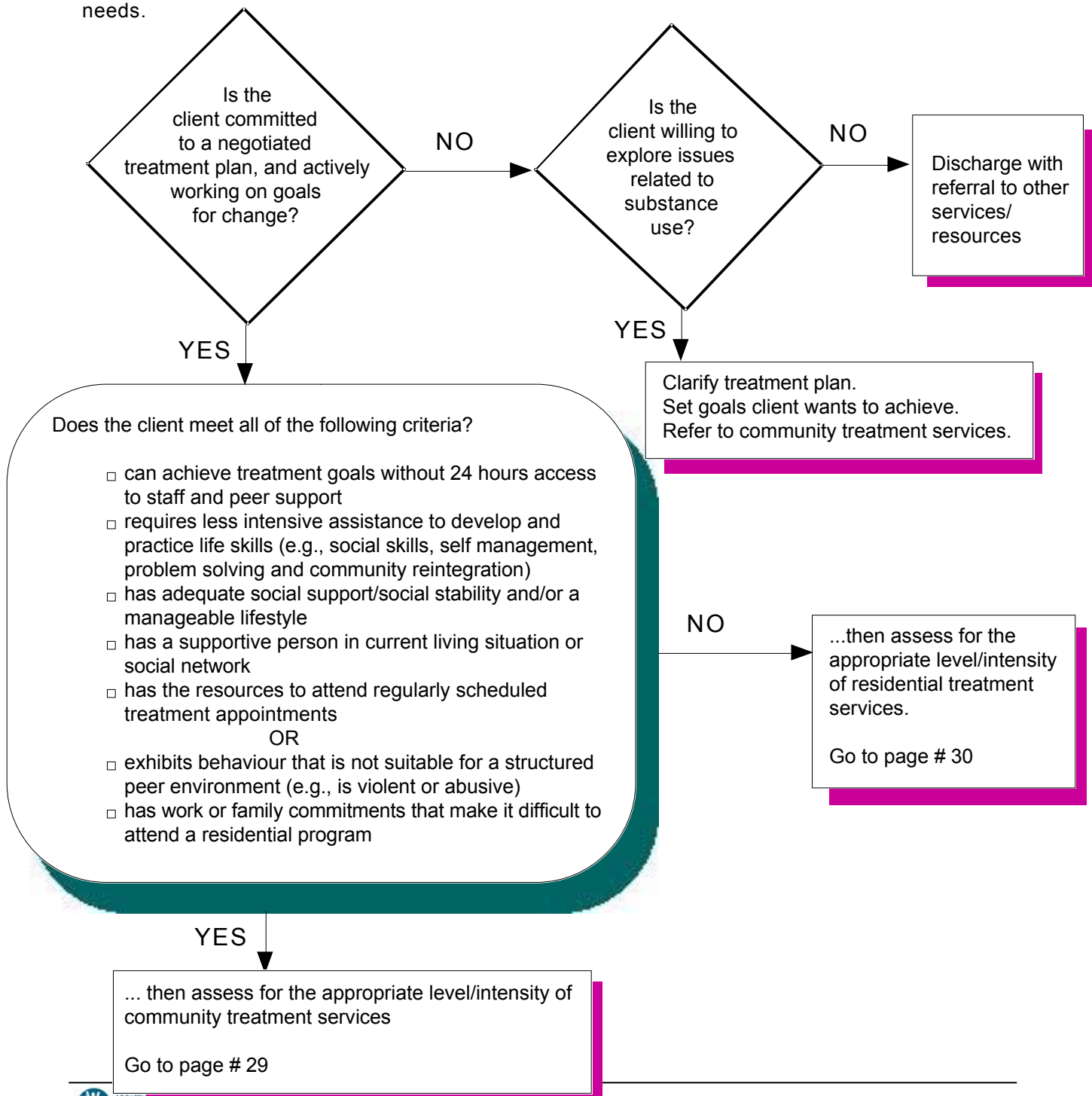
Assessing the Client's Need for Residential Supportive Treatment Services

Some clients may need residential supportive treatment services in order to facilitate participation in community treatment services or achieve their goals.



Assessing the Client for Appropriate Level/Intensity of Treatment Service

When assessing a client's treatment service needs, look first at whether the client can achieve his/her treatment goals through community treatment services. Then determine what level/intensity of community treatment or residential treatment the client needs. In all cases, take into account client choice/preference and other factors that may prevent clients from participating in a certain level or intensity of service. When assessing a client, be aware that family members may also have treatment needs.



Assessing the Client for Appropriate Level/ Intensity of Community Treatment Services

If the client meets **some of the** following criteria...

- is functioning in major life areas (i.e. steady job, stable housing), despite some problematic use of substances
- has a relatively short history of substance abuse with some periods of maintaining goal choice
- assessment results indicate low level of dependency
- asks for the most minimal of treatment
- is employed, and taking time off work would affect employment
- needs to be at home for family commitments or other purposes
- must deal with other factors that would preclude daily attendance, such as legal issues, medical appointments, or an inability to pay transportation costs

If the client meets **some of the** following criteria...

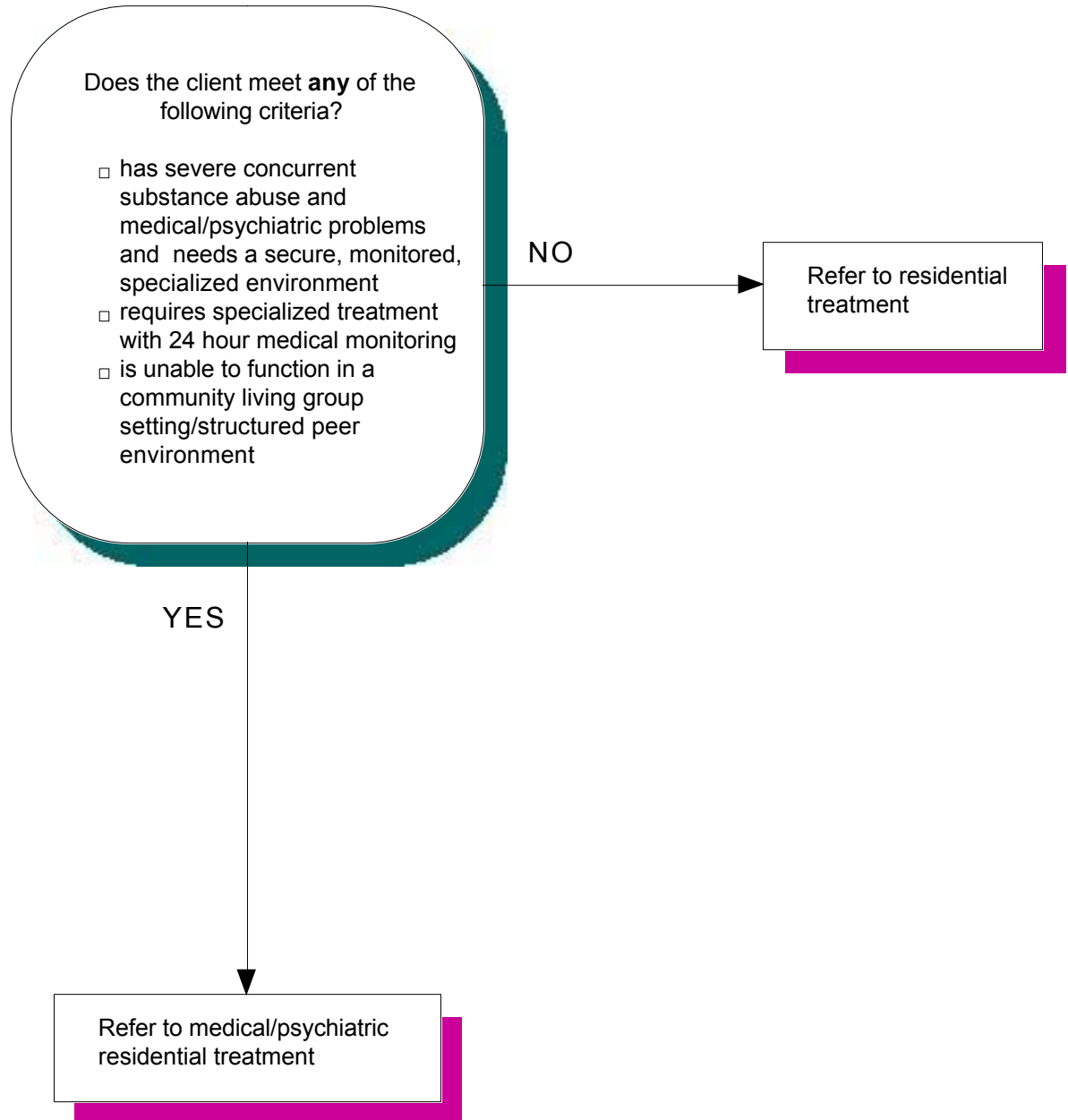
- has a relatively long history of severe abuse and assessment results indicate a high level of dependency
- needs more than weekly contact to maintain treatment goals
- has had community treatment that was not successful
- substance use appears to be a priority in functioning, and has resulted in noted deficits in maintaining employment

Refer to community day/evening treatment services.

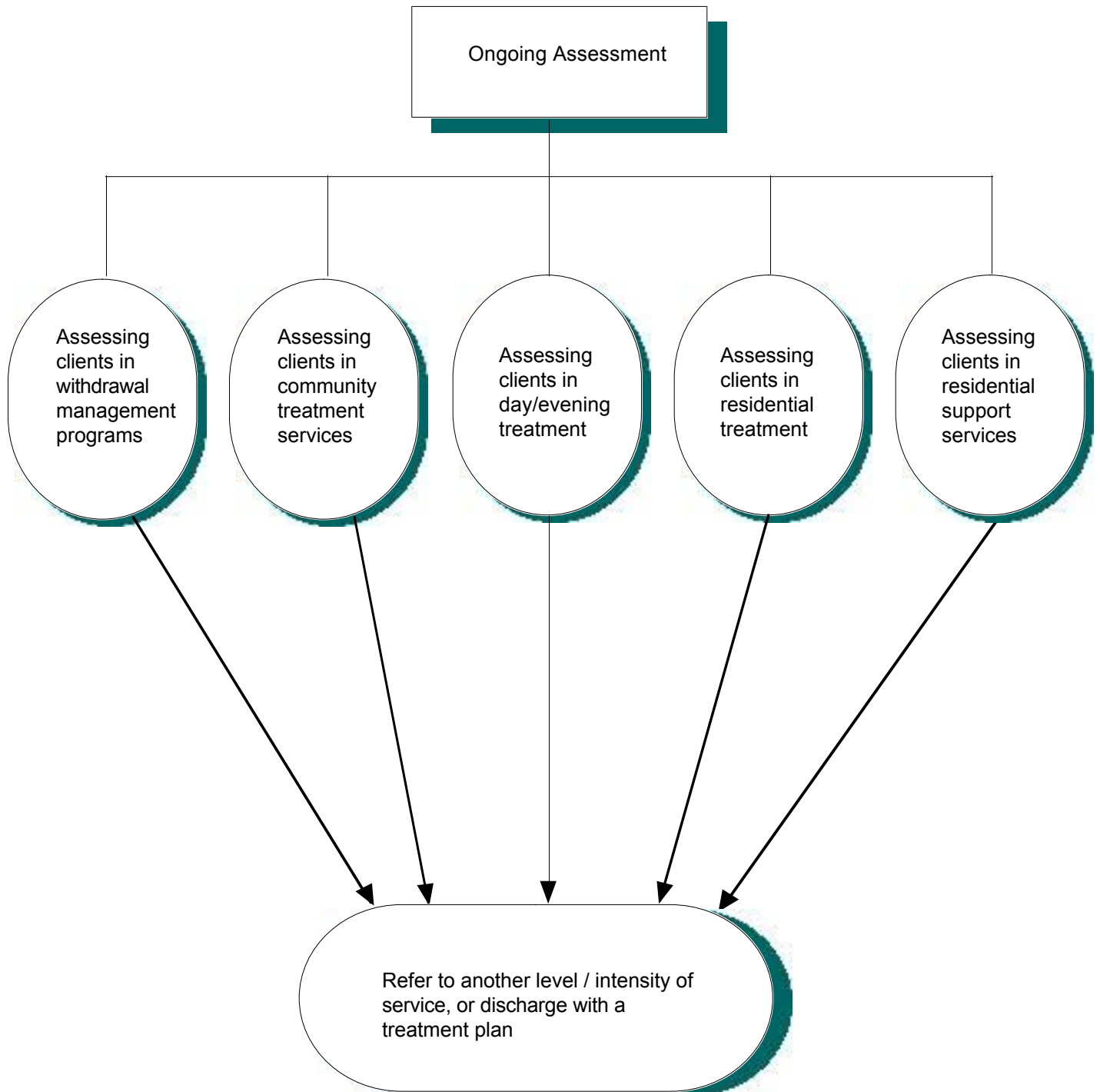
unless client wants a less intense level of service, then ...

Refer to community treatment services.

Assessing the Client for Appropriate Level/Intensity of Residential Treatment Services



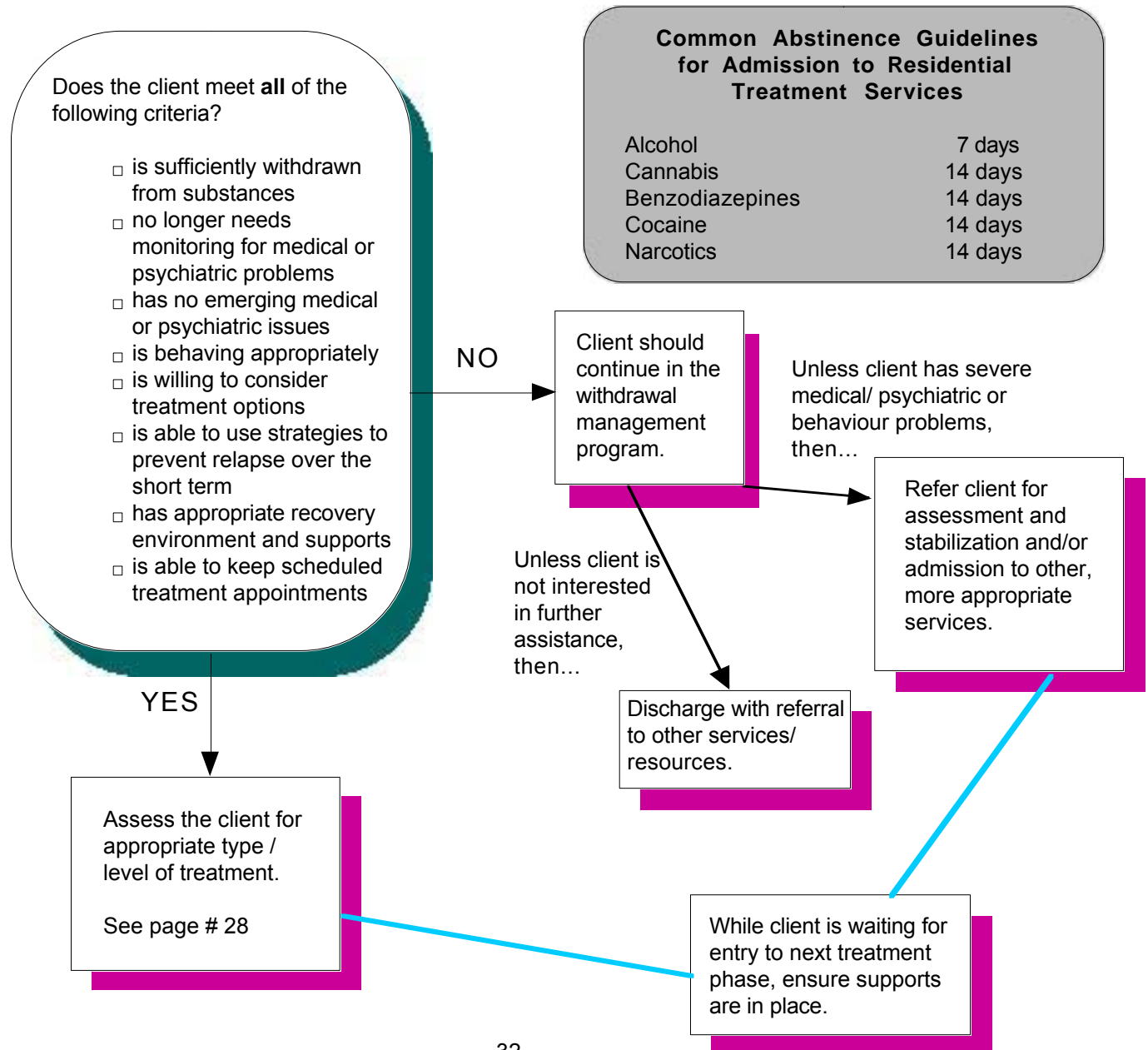
Discharge Decision Tree



Assessing Clients in Withdrawal Management Programs

Assess for the Potential to Move to Treatment Services

When clients have completed withdrawal and are ready to make the transition to stabilization or treatment, refer them to the appropriate service based on their needs and preferences. (Note that some clients may need more time than others to withdraw or stabilize.) Use the following criteria (based on the seven categories of client strengths and needs) to determine the most appropriate service.



Assessing Clients in Residential Supportive Treatment Services

In the course of treatment, the client may need different levels of residential supportive treatment services and may move from one level to another, or be discharged from residential supportive treatment service.

Clients in Level I

- Has there been some improvement?
- Is the client able to maintain personal and program goals ?
- Has the client, at minimum, developed sufficient life skills to self-manage?
- Does the client have a fixed address or stable environment where there is no pressure to use substances?

NO

Continue in Level I.

YES

Move client to Level II or consider discharge from residential supportive treatment service with a treatment plan.

Clients in Level II

Does client meet **most** of the following criteria?

- has developed sufficient life skills to manage activities of daily living
- has a personal support network and/or a supportive social network outside the residential support service
- is at low risk of relapse
- has a fixed address or a stable environment where there is no pressure to use substances

NO

Continue in Level II or assess for level/intensity of treatment.

YES

Discharge from residential supportive treatment service, with a treatment plan.

Assessing Clients in Community Treatment Services

Assess for the potential to move to a less intensive level of service

Does the client meet **all** the following criteria?

- has developed sufficient skills to problem solve, self manage or cope with life issues AND
- has developed, practised and has confidence in his/her relapse prevention strategies and skills AND
- is actively working on addressing longer term goals for change AND
- has a supportive recovery environment AND
- medical/psychiatric problems stabilized
- is able to keep regularly scheduled appointments.

YES

Transfer client to less intensive care.

NO

Continue in community treatment services.

If client is not interested in further assistance, then ...

Discharge with referral to other resources/ services.

Assess for the need for a more intensive level of service

Does the client meet **any** of the following criteria?

- has had a relapse serious enough to interfere with his/her ability to participate in community treatment OR
- has developed more intense medical/ psychiatric problems OR
- has been unable to make progress in addressing his/her treatment goals with this level/intensity of service OR
- requires specialized intervention for a serious emotional/behavioural problem OR
- his/her recovery environment/supports have deteriorated OR
- has difficulty attending regularly scheduled appointments.

YES

Refer to another level/ intensity of care or to specialized intervention.

Assessing Clients in Day/Evening Treatment Services

Assess for the potential to move to a less intensive level of service

Does the client meet **all** of the following criteria?

- has sufficiently resolved medical/psychiatric problems and can manage with less intense services
- has sufficient skills to self manage, solve problems and cope with life with less than daily contact or support
- is actively working on consolidating short term treatment goals and/or addressing longer term goals for change
- is able to use strategies to maintain substance use goals with less than daily contact
- has a supportive recovery environment
- is capable of keeping regularly scheduled appointments

YES

Refer to a less intensive service

NO

Continue in day/evening treatment

If client is no longer interested, then ...

Discharge with referrals to other services/resources

Assess for the need for a more intensive level of service

Does the client meet **any** of the following criteria?

- has had relapses serious enough to affect his/her ability to participate in day/evening treatment
- medical/psychiatric problems have intensified to the point where he/she is no longer able to participate in day/evening treatment
- has been unable to make progress in achieving treatment goals
- environment/social supports have deteriorated significantly
- has difficulty attending regularly scheduled appointments

YES

Refer to residential treatment services

If client is no longer interested, then ...

If client has identified a serious emotional/behavioural problem, then ...

Refer for specialized intervention

Assessing Clients in Residential Treatment

Assess for the potential to move to a less intensive level of service

Assess for the need for continued service

Does the client meet **all of** the following criteria?

- has sufficiently resolved medical/psychiatric problems and can manage without 24 hour structured peer environment/staff support
- has developed sufficient coping and self management skills to manage without 24 hour structured peer environment/staff support
- is actively working on short-term and long-term treatment goals and can manage with less intense contact
- is able to use strategies to prevent relapse without 24 hour structured peer environment/staff support
- has a supportive recovery environment in place
- has access to appropriate resources to maintain changes

Does the client meet **any of** the following criteria?

- has had a relapse serious enough to affect his/her ability to participate in residential treatment
- medical/psychiatric problems intensify and he/she is no longer able to participate in residential treatment
- has identified a serious emotional/behavioural problem

YES

NO

YES

NO

Continue at same level of treatment.

Re-assess for another appropriate treatment. Refer to:

- medical/psychiatric treatment
- behavioural intervention
- withdrawal management and stabilization

- 19 -

If client has commitments that affect his/her ability to stay in the program, then ...

If client is no longer interested, then ...

If client is no longer interested, then ...

Refer to less intensive level of service.

Discharge with referrals to other services/resources

Appendix II

WMS INTAKE INDICATORS

NAME: _____ CHART #: _____

AGE: _____ ALLERGIES IF ANY: _____

Date: _____ Time: _____ Staff Signature: _____

SUBSTANCE USED/LAST USED/AMOUNT USED: _____

MEDICATIONS AND PURPOSE: _____

SOURCE OF REFERRAL & CIRCUMSTANCES: (Why is client seeking help TODAY?)

Check the following applicable indicators for monitoring (based on observation & self report):

Intoxication:	Withdrawal:	Medical & Mental Health Concerns:
<input type="checkbox"/> incoherent	<input type="checkbox"/> seizure history	<input type="checkbox"/> injuries
<input type="checkbox"/> slurred speech	<input type="checkbox"/> tremulous	<input type="checkbox"/> recent head injury
<input type="checkbox"/> unsteady gait	<input type="checkbox"/> drowsy	<input type="checkbox"/> heart condition
<input type="checkbox"/> odour of alcohol	<input type="checkbox"/> diarrhea	<input type="checkbox"/> blood pressure
<input type="checkbox"/> "high" _____	<input type="checkbox"/> nausea	<input type="checkbox"/> stroke
<input type="checkbox"/> sleepy	<input type="checkbox"/> muscle aches	<input type="checkbox"/> diabetes
<input type="checkbox"/> loud voice	<input type="checkbox"/> cramps	<input type="checkbox"/> TB (has it been reported & being treated)
<input type="checkbox"/> giddy	<input type="checkbox"/> insomnia	<input type="checkbox"/> communicable disease (scabies, flu, etc.)
<input type="checkbox"/> eyes (red, pinned, dilated, etc.)	<input type="checkbox"/> hallucinations (auditory, visual)	<input type="checkbox"/> hepatitis
<input type="checkbox"/> other _____	<input type="checkbox"/> decreased appetite	<input type="checkbox"/> mental health
	<input type="checkbox"/> agitated	<input type="checkbox"/> behavioural (despondent, withdrawn, etc.)
	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

If the person has a history of seizures and/or a combination of any 3 or more of the above indicators in any one section or a total of 4 or more from all three sections then 15 minute observation rounds are required until the indicators are no longer considered a concern.

COMMENTS: (DATE & TIME) _____

An initial WMC must be applied upon admission or if the client is intoxicated it is applied 4 hours after admission regardless of the time of day/night.

Appendix III

INTAKE OBSERVATION ROUNDS LOG

This log requires a signature every two hours. Indicate date and time and circle 15 or 30 minute rounds, whichever is applicable, and then sign the entry.

CHART #: _____ NAME: _____ BED #: _____

Date	Time	Please circle 15 or 30 minutes below, whichever is applicable.	Signature
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since time of admission (enter time).	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	
		This client was observed for risk factors regarding withdrawal and other safety issues every 15 or 30 minutes since previous entry.	

Appendix IV

WITHDRAWAL MONITORING CHECKLIST (WMC)

Name: _____ Chart #: _____

Clinician's Signature: _____ Date: _____

This form is completed upon admission if not intoxicated. If the client is intoxicated it is completed 4 hours after admission regardless of the current time; wake the person if he is sleeping. It is subsequently completed at breakfast, supper and snack time for the duration of the clients' time in intake/observation. Increase or lack of decrease in severity in any one or combination of symptoms may be cause for medical referral. (Do not total scores)

Please circle one number for each questionnaire item.	Breakfast	Supper	Snack
	TIME:	TIME:	TIME:
<u>AGITATION:</u>			
No signs of agitation	0	0	0
Somewhat more than normal activity	1	1	1
Moderately fidgety, shifting position	2	2	2
Gross movements / constantly thrashes	3	3	3
<u>LEVELS OF CONSCIOUSNESS:</u>			
Fully alert	0	0	0
Slightly drowsy	1	1	1
Very drowsy	2	2	2
Roused with difficulty	3	3	3
<u>TREMOR:</u>			
With arms extended, no tremor	0	0	0
Not seen, but can be felt in finger-tip	1	1	1
Moderate, with arms extended	2	2	2
Severe, even if arms not extended	3	3	3
<u>APPETITE:</u>			
Good appetite	0	0	0
Fair appetite	1	1	1
Poor appetite	2	2	2
No appetite	3	3	3
<u>ABDOMINAL CHANGES:</u>			
Ask "Do you have pains in your lower abdomen?" None reported	0	0	0
Waves of cramping pains, some bowel sounds	1	1	1
Steady bowel pain, or diarrhea, or bowel sounds	2	2	2

Please circle one number for each questionnaire item.	Breakfast	Supper	Snack
	TIME:	TIME:	TIME:
<u>ORIENTATION:</u>			
Know date and can do serial additions	0	0	0
Cannot do serial additions or uncertain of date	1	1	1
Disoriented for date by 1 or 2 days	2	2	2
Disoriented for date by 3 or more days	3	3	3
Disoriented for place and/or person	4	4	4
<u>HALLUCINATIONS:</u>			
No hallucinations	0	0	0
Auditory hallucinations	1	1	1
Visual hallucinations	2	2	2
Both auditory and visual hallucinations	3	3	3
<u>ANXIETY:</u>	0	0	0
Finds it easy to relax			
Finds it difficult to relax	1	1	1
Hardly ever relaxed	2	2	2
Cannot relax	3	3	3
<u>SWEATING:</u>			
No sweat visible	0	0	0
Just visible sweating, palms moist	1	1	1
Beads of sweat on forehead	2	2	2
Drenching sweat on face & chest	3	3	3
<u>SLEEP PATTERNS:</u>			
Sleeps well	0	0	0
Broken sleep	1	1	1
Difficulty in getting to sleep	2	2	2
Insomnia	3	3	3
<u>GI DISTURBANCE:</u>			
No abnormalities	0	0	0
Mild nausea	1	1	1
Persistent nausea	2	2	2
Vomiting 2 or 3 times	3	3	3
<u>MUSCLE ACHES:</u>			
Ask "Do you have any muscle aches / cramps?" None reported	0	0	0
Mild muscle pains	1	1	1
Severe muscle pains / any muscles in contraction	2	2	2
<u>MOOD:</u> Cheerful / appropriate			
Cheerful / appropriate	0	0	0
Sometimes low	1	1	1
Often low	2	2	2
Despondent	3	3	3

Please circle one number for each questionnaire item.	Breakfast	Supper	Snack
	TIME:	TIME:	TIME:
How do you feel?			
Clinician's Signature			

Medical referral needed (circle): YES / NO → if YES, to where: _____

Medical referral Date: _____ Time: _____ For what symptoms: _____

Transferred from Intake to Program?: YES / NO Date: _____ Time: _____

Is the client aware of guidelines: YES / NO Assigned to Bed #: _____

Self-discharged?: YES / NO Date: _____ Time: _____

Appendix V

NOTE: COPIES OF THIS PROTOCOL MAY BE PROVIDED TO PHYSICIANS, IF THEY WOULD FIND IT HELPFUL TO ASSIST THEM WITH CLIENT CARE.

MANAGEMENT OF ALCOHOL WITHDRAWAL

MANAGEMENT OF UNCOMPLICATED ALCOHOL WITHDRAWAL: ASSESSMENT

Most patients in alcohol withdrawal experience only anxiety, insomnia and mild tremor, and they do not require pharmacotherapy. To determine if patients may need medical treatment:

- ❖ Ask about previous withdrawal episodes. If they have had no difficulty or complications previously, and their pattern of drinking has not escalated, they may safely go through withdrawal either at home or in a withdrawal management centre.
- ❖ If in doubt, have them come into the office after abstaining from alcohol for 12 – 24 h and assess the severity of their withdrawal.

MANAGEMENT OF UNCOMPLICATED WITHDRAWAL: PROTOCOL FOR DIAZEPAM LOADING

- ❖ Diazepam 20mg po q 1-2 h prn for CIWA-A \geq 10. (Some patients require several hundred milligrams.)
- ❖ Observe for 2-4 h after last dose. Treatment completed when CIWA-A \leq 8 on 2 measurements 1-2 h apart. The patient should appear comfortable, with minimal tremor or sweating.
- ❖ Take-home diazepam is generally not required. If uncertain about whether the load is completed and the patient is unable to remain in clinic, give no more than 2-3 10 mg tablets.
- ❖ Give thiamine 100mg im then 100mg po for 3 days.

RATIONALE

Diazepam loading and other symptom-triggered protocols are more effective and safer than scheduled benzodiazepine dosing. They avoid over- or under-treatment, reduce the likelihood of “cross-addiction” to benzodiazepines and alcohol, and allow for observation of response. Because of its long half-life, diazepam remains effective for the full duration of withdrawal. It is ideal for treatment in an outpatient clinic, ER or inpatient unit.

PRECAUTIONS TO DIAZEPAM LOADING

- ❖ Will not prevent seizures in patients taking large doses of benzodiazepines or barbiturates in addition to alcohol (see protocols on pages 115-116 of “Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses”).
- ❖ If cannot tolerate oral diazepam, use lorazepam sl (see following notes), or diazepam 2-5mg iv/min.--max. 10-20 mg q1h.
- ❖ Diazepam has a long half-life and is metabolized to active metabolites in the liver, leading to prolonged and excessive sedation in
 - Elderly and debilitated patients
 - Significant liver dysfunction (cirrhosis, severe hepatitis)
 - Low serum albumin
 - Respiratory distress (e.g., severe asthma, COPD)

In these patients use lorazepam instead.

**MANAGEMENT OF UNCOMPLICATED WITHDRAWAL:
PROTOCOL FOR SYMPTOM-TRIGGERED LORAZEPAM TREATMENT**

- ❖ Lorazepam sl, po 1-2 mg q 2-4 h prn for CIWA \geq 10.

RATIONALE

Lorazepam is a useful alternative to diazepam because it has a shorter half-life and is not metabolized to active metabolites in the liver. However, lorazepam cannot be used as a loading protocol because symptoms may recur once it wears off. Therefore, the patient may continue to require doses over several days.

USE OF BAC TO DETERMINE WHEN TO INITIATE TREATMENT OF WITHDRAWAL

- ❖ Some highly tolerant patients go into withdrawal when BAC is $<$ 20-25 mmol/L. Do not give diazepam until you estimate that the BAC is within that range or lower.
- ❖ BAC declines by 4-5 mmol/h. Therefore a patient with a BAC of 60 mmol/L may go into withdrawal in 7-12 h.

Note: 17 mmol/L = 80mg%

Managing Alcohol, Tobacco and Other Drug Problems, A Pocket Guide for Physicians or Nurses, Centre for Addiction and Mental Health, 2002 pp. 44-45

Appendix VI

NOTE: COPIES OF THESE PROTOCOLS MAY BE PROVIDED TO PHYSICIANS, IF THEY WOULD FIND IT HELPFUL TO ASSIST THEM WITH CLIENT CARE.

MEDICATION TAPERING

Medication tapering for pregnant or lactating mothers and for older adults requires special considerations. Physicians requesting information on tapering protocols in these circumstances should be advised to contact an addiction medicine specialist, unless the taper protocol directly addresses these situations.

BENZODIAZEPINE TAPERING

If benzodiazepines are discontinued, tapering is recommended over abrupt cessation unless the patient has only been taking the medication intermittently or for a few weeks.

INDICATIONS

- ❖ No benefit from benzodiazepine treatment
- ❖ No evidence of anxiety disorder
- ❖ Benzodiazepine dependence
- ❖ At risk for adverse effects – elderly, underlying depression or problem substance use

RATIONALE FOR TAPERING PATIENTS ON THERAPEUTIC DOSES

Periodic attempts to taper are warranted even for patients taking therapeutic doses with no apparent adverse effects. Patients sometimes find that they:

- ❖ No longer need the drug
- ❖ Feel more alert, energetic
- ❖ Experience more positive emotions such as enthusiasm
- ❖ Are better able to engage in counselling.

PRIOR TO TAPERING

Assess for underlying mood or anxiety disorder, or psychosocial problems. Tapering works best if patient and physician are committed to developing alternative coping strategies for anxiety.

APPROACH TO TAPERING

- ❖ Slow tapers work better than fast tapers.
- ❖ Emphasize need for scheduled rather than prn doses.
- ❖ Halt or reverse taper if severe anxiety or depression.
- ❖ Follow-up q 1-4 weeks depending on response to taper.
- ❖ Ask patient about the benefits to tapering (e.g., more energy, increased alertness).

OUTPATIENT VS INPATIENT TAPERING

Outpatient tapering is preferred for patients taking < 50 mg/day diazepam equivalent (see page 109 of “Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses” for equivalence table).

Inpatient tapering should be considered for patients taking 50–100 mg/day diazepam equivalent, but outpatient is possible if:

- Not physically dependent on other drugs
- Medically, psychiatrically stable
- Unlikely to access benzodiazepines from other sources.

Consider hospitalization and addiction medicine consult if *typical* daily use over past 2 months is equivalent to diazepam 100mg or more.

PROTOCOL FOR OUTPATIENT BENZODIAZEPINE TAPERING INITIATION

- ❖ Tapering with a longer-acting agent such as diazepam or clonazepam (may have smoother taper).
- ❖ Covert to equivalent dose of diazepam (max. 80-100 mg/day) in divided dose (see page 109 of “Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses” for equivalence table).
- ❖ Adjust initial dose according to symptoms (equivalence table is approximate).

TAPERING

- ❖ Taper by no more than 5 mg per week (or 5 mg per 3-4 days at doses above 50 mg of diazepam equivalent).
- ❖ Adjust rate of taper according to symptoms.
- ❖ Slow the pace of the taper once dose below 20 mg of diazepam equivalent (e.g., 2-4 mg per week).
- ❖ Dispense daily, twice weekly or weekly depending on dose and patient reliability.
- ❖ Another approach is to taper according to the proportional dose remaining:
 - Taper by 10% of the dose every 1-2 weeks until the dose is at 20% of the original dose, then taper 5% every 2-4 weeks.

PROTOCOL FOR INPATIENT BENZODIAZEPINE TAPERING

- ❖ Start taper at 1/2 – 1/3 the equivalent diazepam dose, administered tid-qid.
- ❖ If significant withdrawal on this dose, increase next day’s total dose by 10 – 30 mg.
- ❖ May give diazepam 10-15 mg tid prn for acute withdrawal during taper.
- ❖ Hold diazepam and decrease daily dose if drowsiness or sedation.
- ❖ Taper by 5-15 mg per day as inpatient (no more than 10% of daily dose; slow taper as dose decreases).
- ❖ May switch to outpatient protocol at doses less than 50 mg.

PRECAUTIONS FOR BENZODIAZEPINES TAPERING

- ❖ If patient on alprazolam or triazolam, taper with alprazolam and triazolam, or equivalent dose of clonazepam. (Diazepam may not be effective for alprazolam or triazolam withdrawal.)
- ❖ If patient is an older adult or has severe liver disease, severe asthma or respiratory failure, or low serum albumin, diazepam may cause excessive and prolonged sedation. Taper with intermediate-acting benzodiazepine (such as lorazepam or clonazepam).
- ❖ Watch for mixed anxiety/depression. Patients with an underlying depression may experience increased anxiety and suicidal ideation during the taper. Taper slowly and halt or reverse taper if necessary.

Benzodiazepine Equivalence Table†

<u>Benzodiazepine</u>	<u>Equivalent to 5 mg Diazepam (mg)</u>	<u>Benzodiazepine</u>	<u>Equivalent to 5 mg Diazepam (mg)*</u>
Alprazolam ** (Xanax®)	0.5	Flurazepam (Dalmane®)	15
Bromazepam (Lectopam®)	3 – 6	Lorazepam (Ativan®)	0.5 – 1
Chlordiazepoxide (Librium®)	10 – 25	Nitrazepam (Mogadon®)	5 – 10
Clonazepam (Rivotril®)	0.5 -1	Oxanzepam (Serax®)	15
Clorazepate (Tranxene®)	7.5	Temazepam (Restoril®)	10 – 15

† Adapted from: Kalvik A., Isaac P, Janecek E. *Pharmacy Connection* 1995, 20-32; *Compendium of Pharmaceuticals and Specialties*, Canadian Pharmacists Association, 1999.

* Equivalences are approximate. Careful monitoring is required to avoid over sedation, esp. in older adults and those with impaired hepatic metabolism.

** Equivalency uncertain.

Managing Alcohol, Tobacco and Other Drug Problems, A Pocket Guide for Physicians or Nurses, Centre for Addiction and Mental Health, 2002 pp. 106-109

OPIOID TAPERING

Often patients who are opioid-dependent feel more alert and energetic when they are tapered, and their pain remains the same or even improves. In withdrawal-mediated pain the patient's pain may worsen initially with the taper, then improve as the withdrawal resolves. The patient should be encouraged to attend a formal alcohol and drug treatment program and to try other pain management modalities.

Note: Do not attempt an outpatient taper unless you know the patient well and you feel the risk of double-doctoring is minimal.

Tapering and pregnancy

Tapering is contraindicated in pregnancy because of risk of spontaneous abortion or preterm labour. If available, refer the patient to an addiction medicine specialist.

PROTOCOL FOR OPIOID TAPERING INITIATION

- ❖ If the patient is on relatively small amounts of milder analgesics (e.g., codeine), taper with codeine or Codeine Contin.
- ❖ If on large doses of potent opioids (e.g., hydromorphone, oxycodone):
 - Calculate equianalgesic dose of long-acting morphine (see page 89 of “Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses”).
 - Start patient on ½ this dose (tolerance to one opioid not fully transferred to another opioid).
 - Use frequent, smaller doses rather than infrequent, large doses (patients often overestimate their drug use, and therefore may be less tolerant than expected).

TAPER

- ❖ Adjust up or down as necessary to relieve withdrawal without inducing sedation.
- ❖ Taper by 10% every 4-7 days.
- ❖ Provide frequent follow-up and supportive counselling.
- ❖ Monitor with UDS.
- ❖ Avoid sedative-hypnotic drugs, especially benzodiazepines.

COMPLETION OF THE TAPER

- ❖ Complete taper in 2 weeks to 3 months.
- ❖ Patients who are unable to complete the taper may be maintained at a lower dose if their mood and functioning improve and they follow the treatment agreement.
- ❖ Clonidine may be used near the end of the taper if the patient is having difficult withdrawal symptoms (see Chapter 16, Opioid Withdrawal, “Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses”).
- ❖ If ongoing use of unauthorized drugs or the patient refuses to taper:
 - Stop prescribing opioids and offer treatment for withdrawal.
 - Consider referral for methadone treatment (see Chapter 17, Pharmacotherapy for Opioid Dependant, “Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses”).
 - Consider discharging from your practice. If the choice is made to discharge the patient, the physician must inform the patient of the need for treatment and acknowledge the risks of continued opioid use.

Equianalgesic opioid doses†*

OPIOID	EQUIVALENT ORAL ANALGESIC DOSE (mg)
Morphine	20-30
Codeine	200
Hydromorphone	7.5
Oxycodone	10-15
Meperidine	300

†Adapted from: *Compendium of Pharmaceuticals and Specialties*, Canadian Pharmacists Association, 1999.

*Based on analgesic equivalence, not psychoactive effect. Doses are approximate with large individual variation. The listed doses do not apply to patients with renal or hepatic insufficiency or other conditions affecting drug metabolism and kinetics.

Managing Alcohol, Tobacco and Other Drug Problems, a Pocket Guide for Physicians and Nurses, Centre for Addiction and Mental Health, 2002 pp. 88-89

PHENOBARBITAL TAPERING

OUTPATIENT TAPERING INDICATIONS

Phenobarbital tapering is indicated for patients who are taking ≥ 200 mg/day and ≤ 500 mg/day of a short-acting barbiturate such as butalbital for at least 1 month.

PROTOCOL FOR PHENOBARBITAL OUTPATIENT TAPERING

- ❖ Convert to equivalent Phenobarbital dose (dose will be ≤ 150 mg per day).
- ❖ Taper by 30 mg Phenobarbital q 2-5 days.
- ❖ Adjust initial dose and rate of taper as needed (equivalences are approximate).

PRECAUTIONS FOR PHENOBARBITAL TAPERING

Precautions are similar to those for benzodiazepine tapering. A lower initial Phenobarbital dose is recommended in patients who have:

- Severe liver disease
- Older adults
- Respiratory disease

Short-acting barbiturate and sedative/hypnotic equivalence table†

DRUG	EQUIVALENCE TO 30 mg PHENOBARBITAL (mg)*
Amobarbital	100
Butabarbital	100
Butalbital	100
Pentobarbital	100
Secobarbital	100
Choral Hydrate	500
Ethchlorvynol (Placidyl)	500
Meprobamate (Equagesic)	1,200

†Adapted from: D. Smith & D. Wesson, *Pharmacologic therapies for sedative-hypnotic addiction*. American Society of Addiction Medicine, 1994.

*Equivalencies are approximate. Upward or downward titration is often required. Careful monitoring is required to avoid toxicity, esp. in older adults.

Managing Alcohol, Tobacco and Other Drug Problems, A Pocket Guide for Physicians and Nurses, Centre for Addiction and Mental Health, 2002 pp.111

Appendix VII

Home Environment Checklist Re: Suitability for CWMS

- Availability of supporters (co-habitants)
Comments: _____

- Attitude of supporters
Comments: _____

- Commitment of supporters
Comments: _____

- Noise level
Comments: _____

- Availability of nutrition
Comments: _____

- Space to be alone
Comments: _____

- Presence of young children and/or pets
Comments: _____

- Cleanliness
Comments: _____

- The presence of alcohol and/or other drugs
Comments: _____

- Presence of other drinkers/users
Comments: _____

- Ease of access (getting there)
Comments: _____

- Other supports needed to make it suitable
Comments: _____

Appendix VIII

**ONTARIO DETOX DIRECTORS
ASSOCIATION**

**ONTARIO DETOXIFICATION
STANDARDS**

Prepared

by the

Standards Committee

of the

Ontario Detox Directors Association

Committee Members:

**Berit Dullerud,
Doctors Hospital, Toronto**

**Bruce Taylor,
Norfolk General Hospital, Simcoe**

**Ted Ryan,
Royal Victoria Hospital of Barrie**

**Barbara Deschamps,
Yolande Bobbie, Secretary
Network North The Community Mental Health Group, Sudbury**

Appendix IX

INTRODUCTION

At the 1995 Annual Conference of the Ontario Detox Directors Association (O.D.D.A.), a committee was established with the mandate to develop a set of core standards for the operation of the Ontario Detoxification System.

The guiding principles in developing this document were ethical management, program accountability, staff competence and a client centred holistic approach to care.

The standards contained in this document reflect the input from the Provincial Detox System and were developed to identify common standards. In addition, the standards committee has put forward a document that will compliment current Hospital Accreditation tools and the Substance Abuse Bureau, Ministry Evaluation Instrument (M.E.I.). The committee believes these standards will enhance credibility and assist in identifying commonalities and differences which reflect the local needs of our client population. In addition, it provides a measure of accountability and is a resource to all programs.

Appendix X

**Ontario Withdrawal Management
Standards**



Prepared

by the

Standards Committee

of the

Withdrawal Management Association of Ontario

Committee Members:

**Berit Dullerud,
Toronto Western Hospital, University Health Network**

**Bruce Taylor,
Hamilton Health Sciences Corporation Addiction Services**

**Ted Ryan,
Royal Victoria Hospital of Barrie**

**Barbara Deschamps,
Northeast Mental Health Centre**

Appendix XI

ONTARIO WITHDRAWAL MANAGEMENT STANDARDS

EXECUTIVE SUMMARY

At the 1995 Annual Conference of the Ontario Detox Directors Association (O.D.D.A.), now Withdrawal Management Association of Ontario (WMAO) a committee was established with the mandate to develop a set of core standards for the operation of the Ontario Detoxification System.

The guiding principles in developing this document were ethical management, program accountability, staff competence and a client centred holistic approach to care.

The standards contained in the document reflect the input from the Provincial Detox System and were developed to identify common standards. In addition, the standards committee has put forward a document that will compliment current Hospital Accreditation tools and the Substance Abuse Bureau, Ministry Evaluation Instrument (M.E.I.). The committee believes these standards will enhance credibility and assist in identifying commonalities and differences, which reflect the local needs of our client population. In addition, they provide a measure of accountability and are a resource to all programs.

The document was intended to provide guidance for the development of a comprehensive program policy and procedure manual for withdrawal management services and was **not** intended to be **the** policy and procedure manual. It was further intended to become one of the tools, by which provincial withdrawal management services would be evaluated.

The first complete Standards Manual was presented to the field during the 1997 Annual Conference. The manual was distributed to the Directors/Managers of all Detox Centres in the Province of Ontario and to the Ontario Substance Abuse Bureau, with copies provided for the Director and each of the Community Program Consultants.

At the 1998 annual conference, the ODDA (Ontario Detox Directors Association) changed its name to WMAO (The Withdrawal Management Association of Ontario) and all Detox Centres were encouraged to change their

names to Withdrawal Management Centres. These changes were seen as more accurate reflections of the scope of services provided by the centres and supported by the Ontario Substance Abuse Bureau (OSAB) of the Ministry of Health and Long Term Care (MOH).

Beginning in the mid 1990's, the need for alternative withdrawal management services was being recognized. The alternative was intended to augment the residential services by providing an alternative to residential care in rural and/or less densely populated areas and for those clients who were unable to overcome barriers to entering residential services or who required less intensive observation and care and could therefore be withdrawn from substances in their own homes or other safe community settings. This gave rise to Community Withdrawal Management Services. It was intended that these community services would be linked with an existing residential service in their area, so as to have the benefit of existing withdrawal management expertise. This emerging form of delivering withdrawal management services, received the interest and support, in principle, of OSAB and resulted in new service additions as either pilot projects or as developing pilot projects. With these changes and with many communities looking at ways to incorporate these changes, as a way to maximize their accessibility to previously "hard to serve/reach clients", it was recognized that the Standards document needed to be revised to incorporate issues of relevance to community services.

The Standards Committee members met with individuals involved in the development and/or operation of Community Withdrawal Management Services to identify the relevant issues, which would need to be addressed. It was originally thought the standards document would be divided into two sections, the existing one for residential services with a second section or companion document addressing the specific needs of community services. During the process, it quickly became evident that most of the standards were equally relevant to both residential and community services. It was decided that the standards could be written into one document by addressing the variations in standards specific to either residential or community services.

The writing of the revisions to the original document started in 1998, with a hiatus in 1999. The rewrite was then continued and was circulated to the field

for input, in the summer of 2000. Final revisions based on input and discussions, were completed in December 2000. The revised document will be professionally prepared and printed. The changes in the revised document also reflect the new name of our association, current trends and guidelines resulting from "The Rationalization" process. It is a document appropriate for use in both residential and the emerging Community Withdrawal Management Services.

This document contains the following elements: Administrative Standards, Program Standards, Standards of Client Care, Education Standards, Physical Structure/Plant Standards and a Glossary of Terms.

In reference to the standards on Physical Structure/Plant, as outlined in this document, it is recognised that since many centres have been in operation since the 1970's that they will not necessarily meet all the standards identified in this section of the document. The intent, rather, is to identify the standards for the development of new facilities being built, either by existing or new programs.

This document also includes the following appendices: WMAO Medication Guidelines, OSAB Service Definitions, OSAB Admission & Discharge Criteria Document. Other relevant OSAB documents currently in development or revision will be added as appendices as they become available.

The standards developed identify the minimum acceptable standards to ensure appropriate, safe care to clients no matter where the client enters the withdrawal management system in the Province of Ontario. Withdrawal management services are expected to meet the established standards and encouraged to exceed them whenever human resources, financial resources and/or opportunity makes it possible.

As with all standards, this document will be reviewed and revised on an ongoing basis. Review and revisions will be based on identified current needs and trends and on 'Best Practices' identified and established through research and not be driven by availability of financial resources. In view of being identified as the minimum acceptable standards for safe care and having received in April 1998, a letter of support from OSAB in which they encouraged sponsoring hospitals to follow these standards, it is important to ensure that services have appropriate

resources to meet them. Should, therefore, availability of appropriate financial resources adversely impact on the ability to meet the Standards, a means must be sought to overcome the barriers rather than provide care that does not meet the established standards.

The revised Standards for Withdrawal Management Services, developed by members of WMAO, with input from the field, will be re-circulated in a manual format to all Withdrawal Management Services in the province and to OSAB staff in the spring of 2001.

To view the standards on our Website, click on: <http://sano.camh.net/wmao/>

Appendix XII

The Ontario Withdrawal Management Standards, 2004

Standards Committee Members:

Michael Dean
St. Joseph's Health Centre
Toronto

Barbara Deschamps,
Manitoulin Health Centre

Tracy Miles
Hamilton Health Sciences

Wendy Murdock
Hamilton Health Sciences

Jack Vandenberg
Royal Victoria Hospital of Barrie

Kevin Vescio
North Bay General Hospital

Muriel Walsh
Consultant, St. Thomas

Appendix XIII

Foreword

The Ontario Withdrawal Management Standards sets out minimum standards of professional and clinical practice to guide the operation of Withdrawal Management Services in the province of Ontario.

The Ontario Withdrawal Management Standards include standards in organization and management, program, client care, education, and physical structure.

This edition of the Ontario Withdrawal Management Standards reflects the ongoing nature of addressing not only complex issues, but also the continuing evolution of Withdrawal Management Services and the provision of exemplary client care. The standards committee of the withdrawal management sector (formerly Withdrawal Management Association of Ontario) met in November 2003 to revise the Ontario Withdrawal Management Standards (2001). The withdrawal management sector standards committee appreciates the input from all colleagues in the development and application of these standards.

Committee Members

Appendix XIV

Acknowledgements

The Withdrawal Management Standards are based on the Withdrawal Management Association of Ontario Standards, June 2001. The standards committee of the withdrawal management sector would like to thank the former members of the Withdrawal Management Association of Ontario standards committee including Berit Dellerud, Bruce Taylor, Ted Ryan, Barbara Deschamps and Yolande Bobbie. Without the dedication and commitment of these individuals the withdrawal management sector would not have a comprehensive, integrated, evidenced-based province wide strategy to address withdrawal management issues.

We would also like to acknowledge the recommendations and contributions made by Dr. Mel Kahan, St. Joseph's Health Centre, Substance Use Medical Service and Dr. David Marsh, Physician Leader, Addiction Medicine, Vancouver Coastal Health.

The committee is appreciative of the contribution and support of the Alcohol and Drug Recovery Association of Ontario towards the production of these standards.

Committee Members

Appendix XV

Ministry
of
Health

Ministère
de
la Santé



Ontario Substance Abuse Bureau Bureau ontarien de lutte contre la toxicomanie
Community Health Division Division de la santé communautaire
5th Floor, 5700 Yonge Street 5700, rue Yonge, 5e étage
North York, ON M2M 4K5 North York (Ontario) M2M 4K5

Phone: (416) 327-8856 Téléphone: (416) 327-8856
Fax: (416) 327-0854 Télécopieur: (416) 327-0854

April 16, 1998

Mr. Paul Wagler
Chair
Ontario Detoxification Directors Association
c/o Grey Bruce Detoxification Centre
Box 1400
Owen Sound, ON N4K 6M9

Dear Mr. Wagler,

Further to our telephone conversation today, I am writing to confirm that the Ontario Substance Abuse Bureau would encourage sponsoring organizations to follow the standards developed by the Ontario Detoxification Directors Association including those related to staff qualifications.

If there is anything else I can help you with, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Anne Bowlby".

Anne Bowlby
Manager (Acting)