



### Scope of Practice

The Community Support Addiction Specialist and the Addiction Attendant provide evidence informed screening, assessment, treatment and outreach for patients with alcohol and substance use disorders, including patients with co-occurring mental health and addiction. A wide range of services are provided for patients at all stages of change and include harm reduction and pharmacological treatments, and include services specifically for family members. A significant part of the role includes increasing the capacity of other healthcare professionals throughout our organization and the larger system to provide integrated care and decrease stigma towards persons who use substances.

# Addiction Services

## Professional Practice Leader (Charlton, West 5th):

Holly Raymond

## Number of Members of Discipline:

SITE	NUMBER	FTE	POSITION
Charlton	2	1.5	ED/PES
West 5th	8	5	M1 and Concurrent Disorder out-patient
OFFSITE	25	16	Men's Addictions Services Hamilton (MASH)
	2	1.5	Rapid Access Addiction Med Clinic (RAAM)
	4	4	Assertive Community Treatment
	35	25	Womankind
	1	1	Cleghorn Program
ALL SITE COVERAGE	3	1.5	Capacity Building Team

## Clinical Practice Achievements

### Quality & Safety

- Implemented comprehensive training on suicide screening utilizing the Columbia tool across all programs, which aligns with algorithm used in ED/PES, other out-patient programs and in-patient programs in the mental health and addiction program.
- In partnership with the Boris Centre for Addiction Research interviews were conducted with patients and staff to better understand the impact of the use of illicit substances on in-patient units. The recommendation of drug sniffing dogs was endorsed for all participants and has been shared with leadership.
- In response to the opioid crisis the medical directive/delegated act was expanded to include the provision of naloxone to patients in out-patient settings to prevent future overdoses. The training process was led by addiction workers from the Capacity Building Team and all out-patient mental health and addiction programs, and Urgent Care and ED have been included.
- In response to the legalization of cannabis addiction workers from across programs were involved in the provision of education, and process and policy change including information on My St. Joes and revisions to the Alcohol, Drug and Cannabis Policy.

## Change

- In 2018/2019 a 3-month pilot of having an addiction worker integrated into ED overnight appeared to have very positive outcomes for patients including decreased return visits to ED and enhanced flow to community-based addiction services, and increased capacity for staff in working with patients with addictions. In 2019 this position was made permanent and continues to improve care for patients and families.
- A partnership with MASH will enable patients coming to the attention of EMS/Police for a primary substance reason who do not present with acute medical issues receiving some assessment from EMS, bypassing the ED and being brought to designated beds to ensure patients receive the most appropriate level of care. This pilot started December 30, 2019.
- Due to increasing wait times for patients in the concurrent disorder out-patient program, which increases the no show a root cause, analysis was completed and as a result a pilot of a same day process for appointments was implemented in December. The show rate has increased by approximately 30 period in the short time the pilot has been running.

## Community

- The implementation of a community of practice (COP), which is an evidence-based initiative to enable an opportunity for clinical practice and learning was co-led by addiction workers across several programs. The COP has enabled over 100 clinicians from programs across the hospital and community to enhance their skills in motivational interviewing and acceptance and commitment therapy, which are evidence informed interventions for addiction.
- Starting in November, the RAAM clinic began a pilot of walk in access (no apt required) for the Nurse Practitioner to increase access and decrease barriers on Wednesday. A program evaluation will determine expansion of the model.

## Interconnection

- Through joint advocacy from Mission Services, The YWCA and Womankind funding was received for Carole Anne's Place a low barrier shelter for women running from December 2019 to March 31, 2020. An addiction worker from Womankind provides on-site screening and assessment for women requiring overnight shelter which in many cases allows for ED avoidance.
- In celebration of Recovery Awareness an event which included many addiction/concurrent programs at St Joes and over 25 community organizations was held at Gage Park and attended by over 400 people including professionals, family members, individuals with lived experience and community members. The event is made possible by the year-round fund raising led by Kari Whitelaw and Laurel Whalen at Womankind.
- There is a strong alignment between all addiction/concurrent programs at St Joes and the Hamilton Drug Strategy which includes representation of all the 4 pillars which include: prevention, treatment, harm reduction and enforcement.

# Academic Pursuits

## Formal Teaching:

- For the purpose of increasing addiction capacity 16 education sessions were provided by the concurrent disorder program and attended by approximately 300 clinicians from the hospital and community.
- Facilitation of 2 Mental Health and Addictions Rounds on RAAM outcomes and partnership with Boris Centre for Addiction Research.

## Internal Teaching:

- Provide training to front line ED RN's on protocols for the management of alcohol and opioid withdrawal.
- Educational session on concurrent disorders provided for Psychology Interns.
- Educational sessions provided as part of orientation for Centralized Intake (Connect) staff on Concurrent Disorders and Motivational interviewing.

## Clinical Teaching:

- Worked in partnership with the Addiction Medicine Service Team along with the Emergency Department to develop an order set pertaining to Suboxone Inductions and supported clinical teaching
- Facilitated 2 workshops for residents in the Department of Psychiatry on Motivational Interviewing and Concurrent Disorders.

## Continuing Education:

- Online educational opportunities continue to grow on the Concurrent Disorder/Capacity building website some of the highlighted educational opportunities this year have been: training opportunities for Suboxone induction training, Gambling Disorder, New Guidelines for addiction pharmacological treatments and Introduction to Acceptance and Commitment Therapy.
- The readership for the monthly concurrent disorder newsletter continues to expand including international subscribers.
- Led Concurrent Disorder Capacity Building Series for 100 addiction professionals in Peel region.





## Scholarly Pursuits

### Research:

- Outcome data for Yoga Warrior program which provides trauma informed yoga at Womankind indicates significant reduction in cravings for alcohol and drugs for participants.
- Evaluation of Acceptance and Commitment therapy-based treatment for concurrent disorders currently underway.
- Participation in the Reducing Overdose and Relapse: Concurrent Attention to Neuropsychiatric Ailments and Drug Addiction (ROAR CANADA) study.

### Publications:

- The Management of Illicit Substances within a Hospital Environment (currently under review).

### External Committees:

- Human Trafficking Prevention Working Group, Revising Service Restrictions within Shelter System, Women's Service Coordination, Harm Reduction Working Group, Human Service and Justice Working Group, Hamilton Drug Strategy, Board Member Canadian Mental Health.

### External Presentations:

- Presented at Waypoint Research Institute 7th Annual Conference in Barrie, Ontario regarding engagement of patients within tobacco cessation addiction.
- 2 presentations at the on RAAM outcomes and Acceptance and Commitment Therapy at the Canadian Society for Addiction Medicine in Halifax.
- Presentation at the Mental Health and Addiction Ontario conference regarding program evaluation and group outcomes.

## Leadership:

- Co-led the expansion of Naloxone medical directive and delegated act.
- Co-led the development of processes/policy enhancements related to Cannabis Legalization.
- Led Tobacco cessation initiatives which have been expanded to include staff.

## Discipline Goals 2020

### Quality & Safety

- To enhance current search process at MASH to include devices that can detect metal (weapons).
- A pilot of drug sniffing dogs on in-patient units in the Mental Health and Addiction Program to decrease illicit drugs.

### Change

- Admissions to residential treatment at Womankind will occur throughout the treatment cycles to increase access.
- The re-launching of the screening and assessment battery on M1 which will contain less items but provide pre and post measures.
- Complete review of group programming material to ensure standardization and that all program is evidence informed.

### Community

- The development of a comprehensive city-wide strategy for the management of methamphetamine withdrawal and intoxication.
- Continued alignment and involvement with Hamilton Drug Strategy.
- Involvement with Ontario Health Team as first year project will focus the expansion of the Care path for Rapid Access Community Treatment.

### Research & Education

- Implementation of research pilot looking at effectiveness of contingency management for patients using methamphetamine.
- Implementation of outcome measures for capacity building team.
- Completion of publication focusing on acceptance and commitment therapy.