Alberta’s Opioid Crisis

Despite media saturation to the number of opioid deaths and related injuries, the situation within Alberta does not appear to be improving. On September 11th the ESCN Core Committee gathered for a day in Leduc to hear presentations from some of our provincial leaders. This workshop will influence strategic direction for the future of our Emergency Departments (ED) and Urgent Care Centres (UCC).

Dr. Nicholas Mitchell opened up our day by sharing some of the sobering statistics from the Opioids and Substances of Misuse Report and then challenged us to consider the comprehensive response required.

Dr. Katherine Dong spoke of some of the harm reduction initiatives that have been implemented at the Royal Alexandra Hospital and the successes they are seeing.

While our ED/UCC’s may not be able to provide the definitive solutions to the problem, we can play a very important role in both harm reduction and first steps to treatment. For example, the Take Home Naloxone (THN) program needs to continue to spread and the Core Committee is recommending that all ED/UCC sites be required to have the program in place. Core has also recommended that the ESCN work with the THN program to update, develop and promote materials that support the dispensing of THN kits from the UD/UCCs and optimize the process and practice of implementation within the ED/UCC setting.

(continued on page 2)
During the afternoon session, the Core Committee took part in “kitchen table” talks where the focus was centred on alternative models of care delivery for patients that present with opioid related issues. All of the ideas discussed were recorded and are being considered as we prepare to tackle the opioid crisis.

Stay tuned for regular updates from the ESCN regarding this crisis and our provincial response.

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**Helping Youth in Emotional Crisis**

Left to right: Susanna Koczkur, Patient and Community Researcher (PaCER), Marni Bercov, Executive Director, AMH SCN™ and Heather Hair, Executive Director, ESCN unveiled Phase 1 of the “Helping Kids and Youth in Times of Emotional Crisis” project at the SPOR Conference on June 27th.

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**Elder-Friendly Care Survey Results**

In June 2016, the ESCN in conjunction with the Seniors Health SCN™ asked our ED/UCC’s to participate in a survey to help measure our readiness for elder-friendly care. The distribution of respondents throughout the province has given us a snapshot of where we need to be targeting our strategies going forward.

The results show that our ED/UCC’s have made great progress in minimizing many unnecessary procedures and restraints but there is still work to do in discharge planning, falls risk scoring and medication reconciliation. In the survey, 57% of the respondents identified that they have no tools for assessing frailty, dementia, or delirium.

In the coming months, our SCNs™ will collaborate to introduce new tools and resources for front line staff to be better equipped in dealing with this growing segment of our population.
Emergency Nursing Provincial Education Program (ENPEP)
Monique Fernquist, RN, BScN, Med, ENC(C), Provincial Educator/Coordinator, ESCN

Orientation:
2292 new hires from urban, regional and rural ED/UCCs have successfully completed the orientation program. In addition, 67 new hires have completed Pediatric ENPEP at the Stollery and Alberta Children's Hospital.

Continuing Education:
Special acknowledgement goes out to the following staff for the commitment to their own professional development, demonstrated by completing over 80 hours of ENPEP on-line lessons.

Kim Bondy, Nurse Educator – Central zone rural
Sue Eggleton, RN, North zone locum program, Grande Cache

Check it out!
There is a new Provincial ED/UCC Education page on the ESCN and HPSP internal website with:
- information and links to great training resources for ED and UCC staff
- online templates to register staff for the ENPEP Program

Coming soon!
Provincial educational initiatives on the agenda:
- Intraosseous Learning Module
- Legalities in Nursing learning module that will highlight key messages on topics such as reporting child and elder abuse, information disclosure to police.

Patient Experience in the ED

Iron Deficiency Anemia

The ESCN and Foothills Medical Centre brought together ED staff and Patient Advisors to discuss the ED process to dispel myths and speak frankly about expectations and desired outcomes.

The ESCN is working on the Choosing Wisely recommendation: Iron Deficiency Anemia. A group of Patient Advisors and AHS staff were given the opportunity to add their input on effective communication to the public.

Rural Nursing Emergency Assessment and Treatment Record (EAR) (Form 20353)
ED documentation of patient care has varied greatly across the province and gaps in the process have been identified. Together the ESCN with rural ED’s agreed to prioritize the work of creating a standardized EAR that will ensure professional and legal standards are met. 22 pilot sites participated in this work and their feedback has resulted in the latest version of the EAR. This form replaces the nursing section of the Ambulatory Patient Care Record and will be implemented in all rural zone sites by the end of 2017.

This implementation will aid in preparation for electronic documentation which will come with Connect Care, the new provincial clinical information program. Training sessions for the EAR were held in June and September via Telehealth. Further resources for this are available on the ESCN Insite page under “Documentation”.

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Evidence Alerts (https://plus.mcmaster.ca/EvidenceAlerts/Default.aspx) is a resource created by DynaMed Plus and McMaster University's Health Information Research Unit. The resource acts as a filter on peer-reviewed literature for clinicians, to allow them to better keep up with significant publications relevant to their specialty. The two articles below were selected for inclusion in this newsletter by the ESCN Scientific Director, from a recent list of five emergency medicine articles distributed by Evidence Alerts.


Alpha blockers seem effective in the treatment of patients with uncomplicated ureteric stones who are amenable to conservative management, especially those patients with larger stones (> 5 mm). In addition, the study highlights that the time required for stone passage can be prolonged, even when an alpha blocker is employed (e.g., ~9 days). These results should provide guidance for patients and clinicians after assessment for an episode of “renal colic” in the ED.


This study shows that the key to successful sepsis management is related to rapid identification of septic patients, early fluid resuscitation and early antibiotic administration, rather than routine measurement of central venous pressure and central venous oxygen saturation in all patients with sepsis. It also shows that the international sepsis campaign and the focus on sepsis care has decreased mortality since the original EGDT trial in 1991.

Follow the Evidence to Better Health Outcomes

NEW: COPD PRINT-ON-DEMAND order set is now available for Emergency

NOW AVAILABLE

- Print-On-Demand Order sets are being developed to support the use of Clinical Knowledge Topics and have been approved by multidisciplinary clinicians from across AHS.
- Order sets can be accessed on the Clinical Knowledge Viewer (search CKV on Insite) and used as a reference guide or printed for use in your clinical area.
- Clinical Knowledge Topics are evidence-based clinical guidance for a specific disease or condition.
- As we begin to learn from our use of Clinical Knowledge Topics and as new evidence is discovered, regular review cycles will be established to ensure that documents and order sets are updated with the most recent knowledge.

COMING SOON

Visit the Clinical Knowledge Viewer (search CKV on Insite) to view provincially adjudicated and published Clinical Knowledge Topics. As we go forward, paper order sets will be created as part of each Clinical Knowledge Topic and be available on the Clinical Knowledge Viewer. Meanwhile, work is under way to create order sets for the existing topics.

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Harm Reduction is Evidence-based Health Care

By: Kelsey Speed, Inner City Health & Wellness Program (ICHWP), Elaine Hyshka, Assistant Professor, School of Public Health, University of Alberta/Scientific Director, ICHWP, & Kathryn Dong, Emergency Physician, Director of ICHWP and Addiction Recovery Community Health (ARCH)

Harm Reduction is “policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption” [1,2]. Examples of harm reduction interventions in existence globally include needle and syringe programs (which provide sterile injection supplies, and safe disposal of used syringes and needles), and supervised consumption services (which provide a sterile environment for people to consume pre-obtained illicit drugs while being supervised by trained professionals who are able to intervene in the case of an overdose) [3,4].

Evidence supports the positive impact that each of these harm reduction interventions provide to people who use drugs, and the communities in which they live. For example, a review of supervised injection services demonstrates that these services reduce overdose deaths, syringe sharing, improper syringe disposal, and many other harms associated with illegal drug use [5]. In addition to these health and community-level impacts, supervised consumption services also facilitate access to other services such as housing, substance use treatment and other social supports [6]. While Alberta does provide access to many harm reduction interventions, increased availability of these services has the potential to save lives and improve health for some of our province’s most vulnerable citizens [3].

A harm reduction approach to care can and should be integrated into all health care settings [2]. When abstinence is not possible in the short term, it is not ethical to ignore other interventions with proven health benefits. In addition, this approach can facilitate patient engagement in care and participation in longer term treatment approaches.

References:

Choosing Wisely: Do you need a CT?

Working with the public and following the national guidelines as set out by Choosing Wisely, the ESCN launched the Choosing Wisely CT Scan campaign. The photo is an example of one of the many storyboards mounted in various EDs across the province.

A Provincial Assessment of Readiness for Pediatric Emergencies

In the coming weeks, all EDs/UCCs in AB will be invited to participate in a survey administered by Dr. Dana Stys, a Pediatric Emergency Medicine Fellow from Alberta Children’s Hospital ED, the survey will evaluate how prepared non-pediatric specific/general UCCs and EDs across AB are to manage pediatric emergencies. The aim is to improve overall readiness by identifying missing resources, empower those centers in need to obtain these and to improve the overall standard of care for pediatric patients regardless of location. Participating centers will receive their individualized readiness score as well as a list of “missing resources”. Please note that no individualized data will be published and participation in the study is voluntary. This project has been endorsed by the ESCN and the Maternal, Newborn, Child and Youth SCN with the hopes of standardizing care of pediatric patients. If you have any questions please contact Dana Stys, the Principal Investigator, at dana.stys@ahs.ca.

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