Harm Reduction in Acute Care: Implications for Nursing Practice

Emma Garrod
BScN, RN, Addiction Medicine Nursing Fellow

Elyse Vani
BScN, RN, Addiction Medicine Nursing Fellow, Addiction Clinical Nurse Educator

Objectives

- Context
- Acute Care Philosophy Change
- Public Health Crisis
- Take Home Naloxone
- Practice Implications
- Future Directions
- Questions

HARM REDUCTION = NURSING CARE
The Downtown Eastside

- One of the oldest areas in Vancouver
- Small but dense, large number of single room occupancy hotels
- Poverty, Substance Use, Mental Illness are evident but so are resilience and social activism
- Epidemic of HIV and overdoses in late 1990's led to the creation of the city's “Four Pillars Drug Strategy”:
  - PREVENTION, TREATMENT, HARM REDUCTION, ENFORCEMENT

Looking at Evidence

- Best practice:
  - Harm Reduction most effective
  - Individual and public health
- Community health:
  - Community Health Clinics
  - Safe injection sites
- Acute care:
  - Response to AMA, frequent readmission, soft tissue infection

Abstinence – Based Care

- Philosophy of Care for Patients and Residents Who Use Substances
- Alcohol and Substance Use
  - Abstinence- based
  - Non tolerance
  - Punitive
  - Not client centered

RULES
1. You can...
2. You can't...
3. You can...
4. You can't
Ongoing Practice Issues

- Patients injecting unknown substances in their rooms or bathrooms
- Patients use PICC lines to inject
- Hand sanitizer is stolen and consumed
- Nurses finding used syringes in bedding
- Nurses/staff finding syringes containing unknown substances while helping patient pack belongings
- Patients selling drugs to other patients
- Concerns about giving medication when patient returns after using
- On and off the unit frequently, hard to provide care ie. IV abx

“Ongoing Practice Issues”

Toward Cultural Safety

Nurse and Patient Perceptions of Illicit Substance Use in a Hospitalized Setting

Bernadette (Bernie) Pousl, PhD, RN; Jamie McColl, MSN, RN; Annette J. Broane, PhD, RN; J. Parker, MA; Ashley Wollison, MA

The study was aimed at answering two questions about nursing care as it related to patients who use substances:

1. What is culturally safe care in an acute care setting for people who use illicit drugs and face multiple social disadvantages?
2. How can we enhance delivery of safe, competent and ethical nursing care?
Cultural Safety

- Prompts nurses to reflect on their positioning within society and how that impacts on the power dynamic with their patients
- The goal of cultural safety is to reduce the tendency of health care practices to make patients feel unsafe and powerless

Study Design

- Qualitative exploratory research
  - Ethnographic research methods
- Collaborative approach:
  - Nurse and peer (people who use substances) advisory groups
- 15 patient and 18 nurse interviews
- 275 hours of observation

Findings

Three constructions of illicit substance use and people who use substances emerged:

1. Illicit substance use as an individual failing
2. Illicit substance use as a criminal activity
3. Illicit substance use as a disease of addiction
Findings: Illicit substance use as an individual failing

Patient perspectives:
- Being judged as a “drug addict.”

Nurse perspectives:
- An individual problem
- A product of life’s circumstances

Findings: Illicit substance use as a criminal activity

Patient perspectives:
- Feeling under surveillance

Nurse perspectives:
- We don’t view people as criminals, but . . .

Findings: Illicit substance use as a disease of addiction

Patient perspectives:
- We’re not just helpless victims of disease

Nurse perspectives:
- Addiction takes over
Implications within Practice

• Nurses acknowledged the disconnect between the philosophy of care and the substance use policy.
• Reported confusion about what harm reduction meant within the organization
• Lack of clear policy to direct nursing care created lack of standards

Policy Revision

“PHC supports harm reduction - an approach to care that seeks to reduce the adverse health, social and economic consequences of the use of legal and illicit substances. This approach respects individualized needs, supports individuals’ active participation and informed decision making, takes a non-judgmental approach to all behaviors and views incremental changes as success....

PHC sees abstinence from substance use whilst in hospital or residential care as the ultimate goal but understands it is not always achievable or immediate and therefore, we will continue to support patients and residents to minimize the harmful effects of their substance use”

Policy Implementation Strategy

• Creating an education plan:
  • Unit education
  • New Employee education
  • On line modules on Harm Reduction and Substance Use Disorder (remains in progress)
• Expansion of Addiction Medicine Consult team, Social Workers
• Increasing support:
  • Addiction Clinical Nurse Educator
Putting Policies into Practice

Supporting nurses to:

- Talk to patients about their substance use
- Keep open and honest communication
- Review harm reduction strategies with patients
- Determine the need for clean supplies and offer as appropriate
- Provide clarity around expectations yet remain collaborative and include the patient in decision making

Nursing Challenges

- The organization employs thousands of nurses in many different areas of specialty
- Varying levels of experience and education with substance use disorders
- Different beliefs around substances and the people that use them
- Patients are often repeatedly admitted and present with challenging behaviours

Managing Transition

- Ongoing Support
  - Most important component of change
  - Value underestimated
  - Enhances and maintains motivation
  - Support positively impacts perception and care
Case Study

- 35 year old HIV positive female, admitted with mycotic brain aneurysm
- Needed surgery and antibiotics
- Left hospital repeatedly to use stimulants and would not make it back to the unit for days
- Team decided to create a care plan

Harm Reduction to Support Behaviour Change

Case Study

- When staff asked patient if there was a way she could get her substance without leaving, she stated she needed to make money
- Had every intention of returning, but could not manage
- Case manager arranged taxi vouchers for return to hospital
- Unit also adjusted antibiotic schedule and arranged tests ahead of time
- Was able to complete tx and surgery and had some time without using which led her to contemplate treatment
Key Points

- “What can we do to support you to change this behaviour?” VS “You have to stop…”
- Gives choice, promotes agency, is trauma informed
- Open questions allow for a fuller story to emerge
- Not about stopping substance use, but increasing safety

Opioid Overdose
Epidemic and Nursing Implications in Acute Care

Provincial health officer declares public health emergency
Overdose Deaths (BC)

Illicit Drug Deaths (BC)

Slide courtesy Dr. Mark Lysyshyn
Fentanyl Detected Deaths (BC)

Slide courtesy Dr. Mark Lysyshyn

Imported into BC as powder
Sold as heroin powder or pills
May also be added to stimulants
Synthetic opioid analgesic 10-100x more toxic than morphine or heroin
Local drug dealers appear to be colouring “heroin” powder to indicate presence of fentanyl

Illicit Fentanyl

Fentanyl Urine Drug Screen Study

Reported fentanyl use and crystal meth use both associated with positive fentanyl urine drug screen

73% did not know they were taking fentanyl
**VCH ED Surveillance**

Opioid overdoses presenting to VCH EDs by hospital, 2016 YTD, n=1040

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**Take Home Naloxone**

Source: Towardstheheart.com

**Responding to the Emergency: Implementation of THN in Hospital**

- Collaborate with Professional Practice
- Created Nursing Care Standards
- Collaborate with Pharmacy
  - Pharmacy orders and stocks kits within the medication ADCs
- Collaborate with Clinical Education team
  - Train the trainer model
Nursing Role

- Nurses (Registered Nurses and Registered Psychiatric Nurses) are able to dispense THN without Physician/Pharmacy involvement.
- Must follow Decision Support Tool created by BCCDC
- Includes assessment, decision making, education for patient and dispensing medication and documentation.
- Patients can receive a THN kit at any point during their hospital admission
  - Excluding Mental Health units where they receive at discharge

SAVE ME

- Nurses provide the patient with the following instructions for how to respond to a suspected opioid overdose

Follow the SAVE ME steps below to respond.
If the person must be left untreated at any time, put them in the recovery position.

- Stimulate
- Airway
- Ventilate
- Evaluate
- Muscular Injection

1st: Unresponsive? CALL 911
2nd: Check Airway
3rd: Ventilate
4th: Evaluate
5th: Muscular Injection
6th: Evaluate
7th: Load dose
Progress

- Guidelines and supporting documents implemented September 29th
- Plan to evaluate within 3 months (number of kits dispensed, barriers, knowledge gaps, successes and areas for improvement)
- Future potential research projects:
  - Qualitative study to explore whether acute care is an appropriate and effective setting to receive Take Home Naloxone training for patients
  - Nurses perceptions of dispensing Take Home Naloxone kits in acute care

References


BCCDC Toward the Heart Program

Thanks to Dr. Mark Lysyshyn and Michelle Hatanaka