Lessons Learned in the Planning Process

Program planners, administrators, and staff of existing iOAT programs have identified several lessons they have learned in the planning process, which may aid those undertaking the planning and implementation process.

Barriers to Government Approval

Depending on jurisdiction, seeking government approval for a new iOAT program may take several months due to the unique nature of the program and the requirements. Barriers may include:

- Understanding the benefits of the treatment and what it entails;
- The staffing costs for a 'wrap around' service (e.g., nurse practitioners, social workers, Registered Nurses, addiction counsellors, peer support workers, administrative staff);
- The cost of site renovations or site purchases.

Setting

The setting, staff capacity, and patient needs will all inform model(s) of care offered. For example, clients in a residential setting face significantly lower barriers to accessing doses multiple times per day than those who must travel to a clinic.

Supervised consumption services (SCS) and an iOAT program can be successfully co-located in an acute care setting. This colocation avoids patients needing to be in a higher intensity "bed" as the SCS nurses can provide post-dose monitoring.

If a new site or significant renovations to an existing site are required, significant capital expenditure will be required as well as collaboration with leadership, site owners, and local community. Planners should anticipate the possibility of building/renovation issues arising and increasing the time to the site being operational.

Where possible, a "one stop shop" model is the best for patient care. This includes primary care, mental health care, social work, and life skills support.

Consider removing harm reduction supplies from the iOAT injection room. The clean syringes supplied for harm reduction can be used as a tool for attempting diversion.

Staffing

In addition to iOAT-specific training and education for staff providing iOAT, for programs that are co-located, for example in a residential setting or hospital, non-program staff will also benefit from staff education in advance of program implementation and in an ongoing manner, to increase awareness of, understanding of, and engagement with iOAT as a medical treatment.

Injectable opioid agonist treatment care teams located in hospitals can benefit from having a pharmacist on the team, who can coordinate care, supporting the ordering (titration or tapering) process, and act as a liaison between the site pharmacy and the consult service.

The hiring process—including developing job postings, posting, hiring, and negotiating funding for prescribers and other staff—can take several months. It is recommended that program planners work with relevant unions, where applicable, to aid this process.

A clinical educator position is a useful addition to iOAT staffing models. This position can support leadership, prescribers, and staff, as well as ensure comprehensive orientation and ongoing education, both of which are critical to ensure a safe and high-quality program.

Include people with lived experience in the training of the staff. Depending on the setting, consider including a tour of the neighbourhood during orientation to ensure that staff get a clear understanding of the people and community they will be serving.

Invest in ongoing team development and professional development. This will aid in retention of staff. Be prepared for staff turnover. Most frontline positions with this population rotate approximately every two years.

Patient Care, Flow, and Engagement and Flow

Patient flow should be planned to ensure patients do not face significant wait times to receive their dose.

For iOAT programs in acute care settings, a multidisciplinary specialty consult service can support iOAT patients from treatment start to discharge and transfer into a community-based iOAT program.

A variety of strategies may be used to engage patients and meet their needs. These might include knitting needles, tongs, and back scratchers for the injection room; a television for the post-dose period; a variety of snacks and meals; or a dog onsite. Consider also creating space for clients to build community (for example, art supplies or a community kitchen).

Peer involvement

Different iOAT models of care provide unique opportunities to utilize and engage peer workers. For example, in residential programs, peers may be involved in outreach to help get people to attend for their doses.

Community engagement

During the planning phase, especially for those programs which are co-located with other existing services, all of the impacted departments and partners should be included. These may include human resources, workplace health and safety, communications, ethics, Indigenous representatives, people with lived experience, peer support workers, infection prevention and control, finance, protective services/security, capital management, finance, staff, and leadership.

For programs that face resistance, focusing education and communication on the benefits of the program, the evidence supporting iOAT, and client success stories from other programs may help. Branding of the program, for example logos and merchandise, are also a way that you engage with the community. These should be designed thoughtfully.

Funding

The model of care may, in part, determine processes for access to medications. For example, hospital inpatients can receive the medication through the hospital pharmacy system, whereas community-based patients require benefits coverage. This may represent a barrier for individuals accessing community-based iOAT. The process for arranging client medication coverage may take time, and this process should be planned for early for patients moving from an inpatient model to a community-based model.

Prescriber funding may present challenges due to the unique nature of the program, the prescriber roles, and the limited understanding of a new program. Presenting unique funding models for prescribers, outside of fee-for-service, may be difficult and confusing for some. Reaching an agreement may take several months and multiple discussions with prescribers and leadership. The patient numbers may be low initially due to the need for establishing safe medication management processes, the timing of multiple visits and site capacity. This may be a barrier for funding.

Pre-printed Orders and Protocols

Establishing a comprehensive documentation system is very important to support the program. This is essential to manage patient flow, ensure safe medication management, enable effective communication within the team and with external partners, and to ensure access to data for reporting. There are several initiatives iOAT programs may take to standardize communication, increase clarity, mitigate errors, and improve efficiency. These include:

- Well-defined job descriptions, roles, and communication channels
- Preprinted order sets for iOAT initiation, stabilization, maintenance, and outpatient orders
- Specific and detailed protocols for the pharmacy department with respect to inputting orders, preparation of patient-specific doses, and dispensing.
- Specific prepopulated instructions for nursing on their medication administration record printouts