Development of a Canadian emergency department checklist to improve care for people who use opioids: *a modified Delphi study*

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MATTERS
INITIATIVE CANADIENNE DE RECHERCHE SUR LES IMPACTS DES SUBSTANCES PSYCHOACTIVES
CRISM - ICRIS

Kestler A[1,2,3], Dong K[4,5], Kleiner B[6], Orkin A[7], Daoust R[8], Kaczorowski J [6,8]

[1]British Columbia Centre on Substance Use, [2]Department of Emergency Medicine, University of British Columbia, [3]Providence Health Care, [4]Inner City Health and Wellness Program, [5]Department of Emergency Medicine, University of Alberta, [6]Centre de recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM), [7]Department of Family and Community Medicine, University of Toronto, [8]Department of Family and Emergency Medicine, University of Montreal

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BACKGROUND

- Emergency department (EDs) play a critical role in identifying and initiating treatment for people who use opioids, but ED care for these patients varies widely across Canada.
- People who use opioids remain at high-risk of short-term mortality post-ED discharge.
- Harm reduction and opioid agonist therapy (OAT) are interventions proven to reduce opioid-related mortality that can and should be consistently delivered in EDs.

Objective

To develop a consensus-based checklist of good practices in the emergency care of people who use opioids

METHODS

- Preliminary good practices list: Based on existing literature and input from people with lived experience
- Panel recruitment: From a Canada-wide meeting of interested parties on the ED initiation of OAT (additional panelists recruited by participant and investigator group suggestion)
- Panel composition: ED clinicians (physicians, nurses and other personnel), addiction specialists, researchers, policy makers, and representatives from professional/substance use organizations.
- Process: **A two-round, modified online Delphi study**
- Round 1: Panelists ranked the relative importance of 37 recommendations within eight domains and suggested additional good practices.
- Round 2: Panelists rated retained recommendations from 0-100 and offered further feedback.

RESULTS

Participation

- 62 panelists invited
- 30 participated in Round 1
- 24/30 completed Round 2

Demographics

- 57% women, 40% men and 3% preferred not to answer
- From seven Canadian provinces and territories

Round 1 (June-July 2023)

- 18/37 recommendations retained
  - Those ranked in top half of each domain by at least 66% of panelists

Round 2 (Aug-Nov 2023)

- 18 recommendations rated
- 13 items retained
  - Rated >75/100
  - By at least 75% of respondents

Final checklist: 13 items across six domains

CONCLUSION

- This Delphi study developed a consensus-based checklist of ED best practices to improve the care of patients who use opioids.
- Implementation may improve care for people who use opioids in the ED.

Next Steps

- CIHR funding obtained, in part, for checklist implementation in approximately ten Canadian EDs
- Collaboration with CAEP Addictions Committee
- RFP for ED participation in June 2025
- Implementation: Aug 2025 – Feb 2026

Interested?

- Up to $10,000 for participating EDs
- CRISM logistical implementation support
- Contact: bluma.blake.kleiner.chum@ssss.gouv.qc.ca

FINAL CHECKLIST

Emergency department services offered

- Buprenorphine/naloxone and/or other opioid agonist treatment medications are readily available 24/7 (or during all emergency department operating hours).
- There are take-home naloxone kits readily available in the emergency department.
- Short-acting full agonist opioids are available and can be used to treat opioid withdrawal in any emergency department patient, if needed.

Staffing

- There are physicians with expertise in addiction medicine available to provide consultations in the emergency department, either in person or virtually (can be from a different department or faculty).
- There is a case manager, social worker, or similar to connect people to housing supports, income supports, and other relevant community services.

Education/training

- Orientation for new emergency department staff and physicians includes information on caring for people with opioid use disorder, drug poisoning prevention, and information on local resources and referral pathways.
- There is regular and incentivized addiction substance use, and/or harm reduction-focused education and training for physicians, nurses, and other emergency department staff.

Protocols and policies

- There is a protocol or order set for the initiation of opioid agonist treatment (buprenorphine/naloxone, methadone, and/or slow-release oral morphine) in the emergency department and/or immediately after discharge.
- There is a protocol or order set for the management of opioid withdrawal in people with opioid use disorder in the emergency department.

Referrals from the emergency department

- There are referral pathways to opioid agonist treatment prescribers and clinics with integrated healthcare services and other psychosocial supports (in-person or virtual).
- There are referral pathways to harm reduction services including supervised consumption services, and syringe and other supply distribution programs.
- There are referral pathways to mental health and psychiatry services.

Rural and remote services

- For people living in rural or remote areas, there is a virtual clinic that provides care for people with opioid use disorder.