

ABSTRACT

Objective: Emergency departments (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. We sought to develop a best practices checklist for people who use non-prescribed opioids in EDs across Canada based on existing literature, ED professional consensus, and input from people with lived and living experience of drug use.

Methods: We applied a modified online Delphi approach with two rounds of web-based surveys. We identified participants from a Canada-wide collaborator meeting on the ED initiation of opioid agonist therapy (OAT), with additional participants recruited by collaborator suggestion. Initial items for review were generated from a literature review and input from ED staff, and reviewed by people with lived and living experience. In Round 1, participants ranked the relative importance of recommendations within eight domains and suggested additional best practices. In Round 2, participants rated the retained recommendations and offered further feedback.

Results: Of 62 participants invited, 30 participated in Round 1 (June-July 2023) and 24 completed both rounds (Round 2: August-November 2023). Participants represented seven Canadian provinces and territories. After Round 1, 15 retained checklist items and three new items were included for voting in Round 2. The final checklist, with items in Round 2 rated $>75/100$ by at least 75% of participants, included 13 items across six practice domains: (1) ED services offered ($n = 3$); (2) staffing ($n = 2$); (3) education and training ($n = 2$); (4) protocols and policies ($n = 2$); (5) referrals from the ED ($n = 2$); and (6) rural and remote services ($n = 1$).

Conclusion: A Delphi process generated a 13-item checklist of ED best practices in caring for people who use non-prescribed opioids. Implementation of the checklist in Canadian EDs has the potential to standardize care and improve outcomes in this patient group.