



Inner City Health and Wellness Program at the Royal Alexandra Hospital

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Background

- EICHREN was established in 2008 with a generous grant from the Royal Alexandra Hospital Foundation



Key Initiatives:

- Needs Assessment and Satisfaction with Care Survey of Homeless and/or Substance Using Patients Presenting to the ED
- Towards Patient-Centered Addictions Care Study
- Inner City Health Elective
- Discussion Groups



Key Lessons from EICHREN

- Many patients presenting to the RAH with substance use related concerns and/or unstable housing are trying to reduce their alcohol and drug use
- Our patients are interested in accessing additional addiction, housing and mental health related services at the RAH
- Patients who present to the ED with a substance use related complaint and are unstably housed are more likely to be admitted and are frequent ED users

EMERGENCY

A New Model of Care

The Royal Alexandra Hospital's Inner City Health and Wellness Campaign



Inner City Health and Wellness Program

Mission:

To provide patient-centered, evidence-based and holistic care for our patients with an active substance use disorder and/or those dealing with social inequity.

Guiding Principles

1. The team will take its direction from the needs of the community that it serves.
2. All activities will be driven by the philosophies of reducing harm, respect and empowering people to make healthy choices.
3. The team and its activities will be culturally competent and will focus on relationship building and trust.
4. A broad definition of health (including physical, mental, emotional and spiritual) will be used to define outcomes.
5. Research and educational initiatives will be action-oriented and widely accessible.

Goals

1. Identification
2. Evidence-based addictions management
3. Improve social determinants of health
4. Maximize communication
5. Link to primary and community based care
6. Education
7. Research

Core Team Members

- Clinical Team
 - Physician
 - Nurse Practitioner
 - Social Worker
 - {Addiction Counselor}
 - {Peer Outreach Worker}
- Education Team
 - {Knowledge Translator}
- Research Team
 - Evaluation Consultant / Research Director
 - Research Assistants
- Administrative Team
 - Director
 - Assistant Director
 - Administrative Assistant

The Addiction Recovery Community Health Team



Hours

Full team available regular working days from 0800 to 1600.

Physicians available by phone until 2100 and available for urgent medical consults in the evenings and on weekends from 0800 to 2100.

Single point of contact – one pager number – 780.445.2902.

Inpatient Consults

In partnership with the admitting team and ward social worker, our team can assist with:

- Complicated drug and alcohol withdrawal
- Assessment and treatment recommendations for any substance of misuse
- Counseling and motivational interviewing
- Initiation or maintenance of opioid agonist therapy
- Harm reduction supplies and overdose prevention
- Linkage to primary and community based care
- Housing, health care coverage, ID
- Health promotion and disease prevention

Transitional Care

- Transitional Clinic
 - Follow up of active addiction-related issues
 - Ongoing withdrawal management
 - Bridging to opioid agonist program
 - Follow up of tests performed in the hospital
 - Addictions counseling
- Urgent, next day appointments are available for patients discharged from the ED

Hospital-Based Multidisciplinary Treatment

- Development of standardized intake and assessment procedures
- Comprehensive, evidence-based addictions management
 - Treatment of complicated intoxication and/or withdrawal
 - Initiation or maintenance of opioid agonist therapy
 - Harm reduction supplies and overdose prevention
 - Counseling and motivational interviewing
 - Identification and shared management of co-morbid mental health conditions
- Interventions to Maximize Social Determinants of Health
 - Housing, income support, ID
- Health Promotion and Prevention activities

Co-ordination with Community Based Care

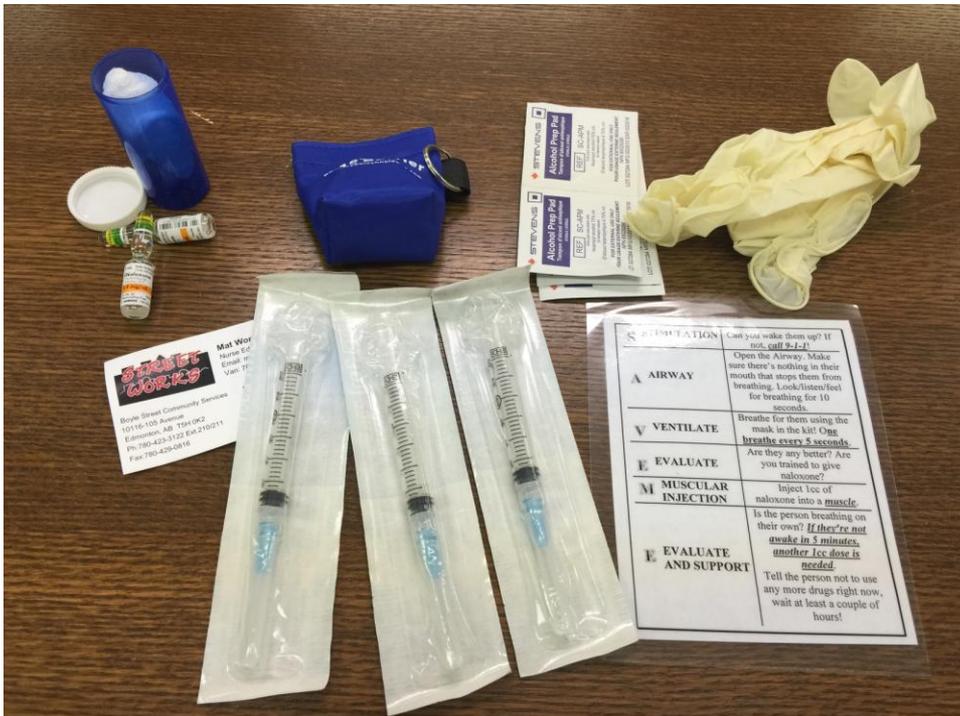
- Primary Health Care
 - BMHC, Oliver PCN, East Edmonton
- Addictions Care
 - Addiction Services Edmonton, ARC, MOAT, George Spady, opioid dependency programs
- Mental Health Care
- Community agencies
 - Boyle Street Community Services, Streetworks, George Spady, Hope Mission, WEAC, CEASE and others

Harm Reduction

Naloxone Training Kit



Harm Reduction Supplies



Collaborative Projects

- Housing First
 - Prescreening and referral to housing first from hospital
- ID for the Homeless Healthcare Project
 - Joint initiative between AHS/GOA to support clients in AHS Acute and Community Services and Programs, including clients from Corrections
- Human Services Pilot for Homeless Transition Coordination
 - Coordination and navigation of Human Services programs including Income Support, AISH, PDD, OPGT, CFS, etc.

Types of Consults

- Vast majority of the consults were exactly what we were expecting
 - Drug and Alcohol withdrawal
 - Substance Use Disorder (SUD) wanting treatment
 - Methadone / buprenorphine prescribing
 - Complex patients with SUD and multiple social issues

ARCH Consults

The ARCH Launch took place on July 14, 2014.

So far, we have seen over 568 unique patients.

- 460 on the ward
- 42 in the ED
- 66 in the clinic



Who are our patients?

63% are male.

Median age is 45 years.

40% are Aboriginal.

Drug use:

- 80% drink alcohol
- 78% smoke cigarettes
- 28% use opioids
- 44% use stimulants
- 26% IVDU in last 6 months

80% don't have any active addiction supports in the community

75% have a family MD

36% are unstably housed

Income:

- 25% on income support
- 16% on AISH
- 17% no income at all

18% have no medication coverage

34% have no form of ID (either AHC card or photo ID)

Next Steps: Education and Knowledge Translation

- Education of health care providers
- Rotations for medical students, residents and other allied health professionals
- Monthly Grand Rounds sessions
- Workshops for admitted patients
- Liaise with peer-based recovery programs
- Inner city health discussion groups
- Web-site for local dissemination
- Eventual development of a fellowship in Addiction Medicine

Challenges

- Housing!
- Addictions Treatment & Harm Reduction Programs
- Linkage to primary care and building capacity

Successes

- Highly complex patients who have frequent ED presentations and admissions
 - We provide the continuity of care
 - We continue working on social stabilization even when the patient is not admitted
- STI and BBV screening
 - Only 25-32% of eligible patients have screening already ordered
- Communicate with community based care providers
- Document patient stories and this helps foster compassion

Questions?



Thank you so much for your
support.

