WORKING THROUGH A CASE

Goals:

- Connect with an interdisciplinary group to talk through how to approach providing care for a safer supply participant
- Reflect on how different kinds of expertise is shared and used
- Share ways of working through providing safer supply care to people

Set up:

Tables with at 4 or more people who have **different roles** (ideally in real life), including:

- Clinical care provider/s, e.g., RN, NP, MD, RPN
- Social care provider/s, e.g., Harm Reduction Worker, Outreach Worker, Case Manager, Counsellor, etc.
- Someone with lived experience (who may be in any of the above roles)

Activity:

- Introduce yourselves to each other - who you are, what role you have (in real life), where you are from. Is it a diverse group at the table: a mixture of clinical and social care providers? If not, is there someone who has comfort in 'playing' a role that is missing (or swap out with a nearby table)
- Read through the scenario on your table. Together as a team, identify how to approach a care plan for the safer supply program participant.
- We'll ask you to share the scenario and your care plan, so you may want to make notes.

DISCUSSION

Tell us:

- What skills, knowledge, and experience did the different people in your team bring to the table?
- What challenges did you find that the team faced? Were those challenges impacting all the team members in the same way? How did they differ?
- How did you work through those challenges?
- What information did you wish you had access to that you didn't?
- If you could wave a magic wand and get rid of any barriers: wait lists, policies, budget constraints, what would you do differently?
- How did the team work together?

- Did everyone have a shared idea of the different challenges / issues / opportunities / strengths?
- How do you think power operated in the decision making and care planning?
- Other thoughts?

SCENARIO 1: Janice

Your team has been doing intakes for new safer supply program participants. Janice, a white woman in her 30s has been on the waiting list for about a year. She has made it to the top of the list a couple of times already and intakes have been done with her three times but she's not made it through the entire intake and onboarding process - specifically, she hasn't made it through to the assessment with a Nurse Practitioner/MD. The first time, she missed the appointment altogether and 'disappeared' - the team couldn't contact her or find her. The second time, she came for the appointment but 4 hours late and there wasn't time for her to be seen. She was invited to come back the next day but she left feeling like she already messed it up and so she didn't return. The third time, she was also a no show but came the next day very upset that the NP wasn't there and able to see her then. The outreach team has been connecting with her at an encampment and have encouraged her to come and try again. They've asked the safer supply team to prioritize her intake because they are more worried about her these days: she has had a number of overdoses in the past few weeks and she recently broke up with her partner and is in a tent alone.

Scenario 1 - Additional info (given to one of the group members)

- She hadn't been identified at intake as someone who drinks much alcohol (i.e., she reported to have 'a drink now and then but nothing much and not daily') but lately she has been seen on a couple of occasions to be very intoxicated - smelling very strongly of alcohol, slurred speech, and stumbling.

SCENARIO 2: Patience

Patience is a 52 year old Black woman who is relatively new to the team. She's met with the NP a few times but is pretty quiet, doesn't offer up much information and answers questions without much detail. When she started on safer supply, she was using about 9 points of fentanyl a day as well as some crystal meth. She wasn't on Methadone but had been before and found it helpful so wanted to start on it again. She's now up to 75 mg of methadone and 8 tabs of D8s, and she's brought her fentanyl down to a couple of points a day. She seemed to be

doing really well, but the last couple of appointments she's appeared very drowsy and nodding, and she is uncharacteristically argumentative. She's also now asking for more Dilaudid.

Scenario 2 - Additional info (given to one of the team members)

- Patience lives with an abusive partner who frequently steals her money. She also suffers from severe back pain from a car accident 17 years ago. Her pain has never been managed and she never tells health care providers about it because in the past they have accused her of 'drug seeking'.

SCENARIO 3: Luis

Luis is 41 and works with a contractor doing construction work occasionally. He lives with his sister and her 3 kids. He's been seeing a primary care doctor who has made a referral to the safer supply program. The doctor reports that over the past few years, Luis has asked for prescriptions for narcotics for chronic pain but the doctor was reluctant because when doing UDS, his drug screens were always positive for other substances. Luis reported that he has used IV cocaine for many years but now injects crystal meth 'pretty frequently'. He's had a spinal abscess, osteomyelitis, chronic back and shoulder pain. He used to manage the pain with Percocet but moved to fentanyl - about ½ a point a day. He refuses methadone or suboxone because he doesn't want to get tied into having to go to a pharmacy daily - he has a lot of shame about his substance use and he doesn't want his work, family or friends to know.

Scenario 3 - Additional info (given to one of the group members):

- Luis has overdosed a number of times when feeling suicidal, largely related to both chronic physical pain and feelings of shame

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SCENARIO 4: Max

Max is 19 and lives in an encampment. Yesterday, after 3 days in hospital being treated for endocarditis, Max left because of conflict with his hospital care team. The last time he saw the NP/MD was about six weeks ago. At that time, he asked to switch from Kadian to M-Eslon. He says that on Kadian 300 mg and 24 Dilaudids, he's going into withdrawal a lot. He said that he's bought M-Eslon 100 mg on the street and wants to get prescribed that. They discussed it, but Max didn't like the idea of having to go to the pharmacy twice a day for observed dosing. The NP/MD wasn't comfortable with giving a carry of the M-Eslon because Max frequently has

abscesses and there is worry that Max is injecting M-Eslon and/or Kadian but Max denies this. He became frustrated and left saying that he'll just get it from the street then. Max has now come to the clinic and asked to see the NP/MD.

Scenario 4 Additional info (given to one of the group members):

- One of the outreach workers (or you) has heard that Max was selling his Dilaudids, just keeping aside a couple to take before his appointments in case he is asked to do a UDS