Safer Opioid Supply Program Protocols

Parkdale Queen West Community Health Centre

Toronto, Ontario

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PARKDALE QUEEN WEST Community Health Centre

SOS PARKDALE QUEEN WEST COMMUNITY HEALTH CENTRE SAFER OPIOID SUPPLY

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Introduction

About the program

Building on the work of primary care physicians who started offering safer supply prescribing at Parkdale Queen West Community Health Centre (PQWCHC) in early 2019, the Safer Opioid Supply (SOS) Program was established in 2020, adding a mobile component in 2021. Clients in the program receive prescriptions for pharmaceutical opioids with the goal of supporting them to decrease their reliance on the toxic, unpredictable street supply of opioids. Clients are also supported by staff who offer case management, primary care, appointment accompaniment, counselling, harm reduction education, recreational/drop-in programming, mobile care, and connections to other services at PQWCHC and in the community.

Communities who use drugs have made urgent demands for the implementation of responsive interventions to decelerate the rampant harm of the toxic drug crisis, including for the rapid expansion of safer supply access. Medical safer supply is an evidence-informed intervention to save the lives of people who use drugs. The SOS Program aims to provide client-centered care foundationally informed by harm reduction values and principles and guided by people with lived and living experience.

About this document

This document compiles clinical and operational protocols developed by staff of the PQWCHC SOS Program, and it will continue to change and grow as the SOS Program evolves. Not all workflows are included here. For more information, and for the most recent version of any of the protocols, please be in touch with our Program Manager, Gab Laurence, at glaurence@pqwchc.ca. We invite feedback and questions about these protocols and welcome other providers and programs to adapt them as is useful to them.

Access the Safer Opioid Supply webpage at https://pqwchc.org/programs-services/harm-reduction/safer-opioid-supply-sos-program/ or by using the code below:

SCAN ME

Acknowledgements

We thank all the prescribers who chose to respond to community demands and address the toxic drug supply crisis with a radical new intervention. They uplifted and delivered SOS services at Parkdale Queen West Community Health Centre, which required clinical courage and risk tolerance, and we celebrate their path-breaking work. We thank the PQW-SOS Client Advisory Committee and program membership for their guiding feedback on the development of the clinical and operational protocols. We also thank the entire PQW-SOS Wraparound and Clinical staff team for their hunger to tackle the emotional and structural challenges of this crisis. They have done extensive work innovating client care and were key in the development of responsive workflows and protocols.

The foundations of our program are the activism and knowledge of a wide community of people who use drugs and their insistence that health providers act boldly to respond to the drug poisoning crisis and prohibitionist drug policy. We acknowledge with gratitude, for example, the critical framing of CAPUD's Safe Supply Concept Document in 2019.[1]

We also express our gratitude to the National Safer Supply Community of Practice and the many member programs, providers, people with lived and living experience, and researchers who have provided a forum for discussion and the development of our practice.[2]

We acknowledge the financial support of Health Canada's Substance Use and Addictions Program (SUAP). The views represented herein do not necessarily reflect those of Health Canada.

We at Parkdale Queen West Community Health Centre acknowledge that we work and live on the traditional territories of the Huron-Wendat, Anishinabeg, the Chippewa, the Haudenosaunee Confederacy and most recently, The Mississaugas of the Credit River First Nation. Ontario is covered by 46 treaties and other agreements, and is home to many First Nations, Inuit, and Métis Peoples. These treaties and other agreements, including the One Dish with One Spoon Wampum Belt Covenant, are agreements to peaceably share and care for the land and its resources. Other Indigenous Nations, Europeans, and newcomers were invited into this covenant in the spirit of respect, peace, and friendship.

We are mindful of broken covenants, and we strive to make this right, with the land and with each other. We are all Treaty people. Many of us have come here as settlers, immigrants, newcomers in this generation or generations past. We also acknowledge those who came here forcibly, particularly as a result of the Trans-Atlantic Slave Trade, as stolen people to a stolen land. It is a privilege to be here and to be in solidarity with Indigenous Peoples in the continuing struggles against colonization and its lasting impacts. As a Centre we work in solidarity with Indigenous peoples fight against colonization and for right to land and sovereignty.

[1] Canadian Association of People Who Use Drugs. (2019). Safe Supply Concept Document. Zenodo. https://doi.org/10.5281/zenodo.5637607

[2] https://www.nss-aps.ca/

Clinical Protocols

SOS Program Protocol: SOS Initiation and Titration

Date of Issue: 2022-03-31 Date of Last Review: 2022-06-07

Background

This protocol draws guidance from the 2019 web document "Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams" (Hales, Kolla, Man, O'Reilly, Rai, & Sereda, 2020) and adapts its practice to the Parkdale Queen West Safer Opioid Supply Team. As a novel practice, standards for Safer Opioid Supply prescribing have emerged from the clinical experience and judgement of its practitioners and the lived experience of people who use drugs and participants of Safer Opioid Supply programs.

The doses suggested in this document reflect the high opioid tolerance seen in people who use street-acquired fentanyl daily. From street fentanyl samples submitted between August 2020 and February 2022, Toronto's Drug Checking Service reports an average of 3.9 mg of pure fentanyl per 100mg street fentanyl (see Appendix C). Note that the potency of unregulated fentanyl can vary widely (see Appendix C) and other common contaminants (e.g., benzodiazepines) can increase risks for opioid toxicity. Thus, prescribers should not attempt to directly convert street opioid use to their equivalents in SROM or hydromorphone, but knowledge of the potency of street fentanyl contextualizes the high doses of opioids used in SOS prescribing in order to manage withdrawal and achieve an appreciable euphoric effect using available pharmaceutical opioids.

Purpose

Provide guidance to SOS Prescribers (Nurse Practitioners and MDs) in initial dosing and titration of medication used in the Safer Opioid Supply Program. Provide knowledge and guidance to RNs when developing a collaborative plan of care for SOS clients.

Protocols

1. **Initial Dosing of Kadian and Dilaudid**

Initial doses of Kadian and Dilaudid are based on the client's reported current daily fentanyl use and goals of care. Kadian is typically used as a long-acting "backbone" to Dilaudid, in order to reduce withdrawal symptoms and cravings, and avoid breakthrough withdrawal symptoms that might occur if the client was receiving only immediate release hydromorphone for opioid replacement. Dilaudid is typically used by clients to obtain a euphoric effect, though many clients also use Dilaudid to manage withdrawal and cravings on an "on-demand" or "as-needed" basis. The choice to increase either the "backbone" SROM or immediate release hydromorphone should be based on an assessment of the client's use, goals and shared decision-making.

In addition to the suggestions below, considerations should be made for clients with additional factors for opioid toxicity including advanced age, concurrent benzodiazepine or alcohol use, respiratory disease, decompensated liver disease and use of other sedating medications. Presence of these factors should prompt consideration for lower initial doses and slower titration and/or use of observed dosing

and frequent reassessment. Note that this protocol guides initial doses only and does not address re-initiation following missed doses. (See SOS Missed Doses Prescription Management Protocol)

Reported daily street fentanyl use	Starting dose SROM	Starting dose Dilaudid 8 mg tabs	Titration Titration q 48 hours, one medication at a time
< 0.5 gm	100-200mg	4-8 tabs	Increase SROM by 50-200mg daily q48 hours to a maximum of 600mg daily, then increasing by a maximum of 100mg q48 hours Increase Dilaudid 8mg by 2 – 6 tabs daily dispensed q48 hrs
>0.5 gm	300-400mg	6-12 tabs	

See Appendix A for an example titration schedule.

2. Use of Methadone As A "Backbone" For SOS

In some clinical scenarios, methadone may be a preferable alternative to Kadian as a "backbone" for SOS. This includes for clients who are currently taking methadone and would prefer to continue with their current OAT in conjunction with Dilaudid for euphoric effect, and clients who are allergic or intolerant of Kadian. Initiation and titration of methadone should follow the principles outlined in META:PHI's guidance document "Methadone treatment for people who use fentanyl: Recommendations" (Bromley, Kahan, Regenstreif, Srivastava, & Wyman, 2021). Note that following an increase in methadone, further increases in Dilaudid should be delayed at minimum 72 hours to allow methadone to reach steady-state and avoid opioid toxicity.

3. Maximum doses

Maximum safe doses of injected Dilaudid tablets are not clearly established; nor are the risks of injecting high doses of excipients. Clients and providers should collaborate to determine the optimal daily dose of Dilaudid based on a balance of risk vs. benefit in relation to the risks of street-acquired fentanyl use.

Generally, the total daily dose of Dilaudid will be limited to 24 tabs daily, as anecdotally, there has been limited benefit from doses in excess of this. However, if there is a clear dose-response relationship evident on assessment of the client's use and it is felt that the client could realistically meet their goals of use through further increases, it is reasonable to exceed the suggested maximum of 24 tabs. For example, if a client is taking six Dilaudid 8mg tabs four times daily and using a half point of

street-acquired fent in the evening once all Dilaudid tab have been used (24 tabs daily), and the client feels this once daily use of fentanyl could be eliminated through an additional 6 tab dose, it may be reasonable, after discussion of risks, to provide an increase to 30 tabs daily.

At this time, there is no maximum dose for SROM. When using SROM for OAT monotherapy, stabilization doses of 60 to 1200mg daily have been documented in the literature (citation Institut universitaire sur les dépendances, 2021). Anecdotally, doses in excess of 1200mg have been used in conjunction with Dilaudid for Safer Opioid Supply and have been well-tolerated.

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Appendix A: Example Initial Titration Schedule

Note visits in the example below are occurring at a minimum 48 hour interval.

Visit	Kadian Dose (once daily)	Dilaudid 8mg dose (# of tabs dispensed daily)	Prescription Change
1	200mg	12 tabs	Initial doses
2	400mg	12 tabs	Increase of 200mg Kadian
3	400mg	18 tabs	Increase of 6 tabs Dilaudid
4	500mg	18 tabs	Increase of 100mg Kadian
5	500mg	24 tabs	Increase of 6 tabs Dilaudid

Appendix B: Example Prescription

Jane Doe
123 Ontario St.
Streetsville, ON
A1B 2C3

Kadian 100mg
2 capsules (200mg) PO Daily Observed Therapy for September 1 to September 6 inclusive

Instructions to pharmacy: Hold prescription if appears sedated or intoxicated. Hold prescription if misses 2 or more consecutive days of dispensing and contact clinic. Follow up appointment September 6 at 1 PM.

Quantity: 14 capsules Repeats: 0

Dilaudid 8mg
4 tabs PO 3 times daily
Dispense 12 tabs daily for September 1 to September 6 inclusive

Instructions to pharmacy: Hold prescription if appears sedated or intoxicated. Hold prescription if misses 2 or more consecutive days of dispensing and contact clinic.

Quantity: 84 capsules Repeats: 0

Appendix C: Results from CDPE Toronto Drug Checking Service August 2020 to February 2022

Expected Drug	Drug Found	mg or %
Fentanyl	Fentanyl	mg of 10 mg sample

Month	# of substances	Average* amount found (mg)	Amount found in 50% of substances was between (mg)	Minimum amount found (mg)	Maximum amount found (mg)
All	570	0.39 mg	0.22 mg - 0.72 mg	0.01 mg	8.23 mg
Feb 2022	54	0.33 mg	0.20 mg - 0.54 mg	0.09 mg	2.60 mg
Jan 2022	56	0.35 mg	0.27 mg - 0.57 mg	0.12 mg	1.17 mg
Dec 2021	60	0.35 mg	0.24 mg - 0.61 mg	0.10 mg	2.54 mg
Nov 2021	56	0.33 mg	0.20 mg - 0.73 mg	0.02 mg	2.00 mg
Oct 2021	66	0.31 mg	0.19 mg - 0.52 mg	0.05 mg	4.28 mg
Sep 2021	47	0.31 mg	0.15 mg - 0.57 mg	0.01 mg	1.13 mg
Aug 2021	45	0.43 mg	0.16 mg - 0.73 mg	0.10 mg	7.58 mg
Jul 2021	45	0.27 mg	0.11 mg - 0.57 mg	0.03 mg	1.57 mg
Jun 2021	43	0.21 mg	0.17 mg - 0.51 mg	0.05 mg	5.56 mg
Apr 2021	24	0.41 mg	0.25 mg - 0.73 mg	0.15 mg	1.83 mg
Mar 2021	44	0.40 mg	0.22 mg - 0.53 mg	0.01 mg	4.63 mg
Feb 2021	36	0.67 mg	0.37 mg - 1.29 mg	0.03 mg	5.76 mg
Jan 2021	23	0.46 mg	0.25 mg - 1.73 mg	0.10 mg	5.32 mg
Dec 2020	31	0.58 mg	0.34 mg - 1.62 mg	0.13 mg	8.23 mg
Nov 2020	47	0.54 mg	0.27 mg - 0.85 mg	0.07 mg	4.31 mg
Oct 2020	41	0.64 mg	0.37 mg - 0.98 mg	0.08 mg	2.14 mg
Sep 2020	6	0.42 mg	0.32 mg - 0.89 mg	0.28 mg	3.41 mg
Aug 2020	13	0.60 mg	0.43 mg - 1.00 mg	0.17 mg	2.00 mg

Appendix D: Conversion ratios for total oral morphine milligram equivalency

Conversion ratios to determine daily total ORAL morphine milligram equivalent (MME)			
Drug	**Approximate equivalent oral dose**	**Approximate equivalent IV or subcutaneous dose**	**Conversion ratio to determine daily total ORAL morphine milligram equivalent (MME)**
Morphine	30 mg	10 mg	▪ Parenteral morphine to oral morphine: 1:3
Fentanyl	Not available	0.1 mg (100 mcg)	▪ Parenteral fentanyl to oral morphine: 1:300
Hydrocodone	30 mg	Not available	▪ Oral hydrocodone to oral morphine: 1:1¶
Hydromorphone	7.5 mg	1.5 mg	▪ Oral hydromorphone to oral morphine: 1:4 ▪ Parenteral hydromorphone to oral morphine: 1:20
Oxycodone	20 mg	Not available	▪ Oral oxycodone to oral morphine: 1:1.5
Oxymorphone	10 mg	1 mg	▪ Oral oxymorphone to oral morphine: 1:3 ▪ Parenteral oxymorphone to oral morphine: 1:30

Missed Appointments and Prescription Management

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-08

Background

Ongoing assessment of SOS clients is an essential component of Safer Opioid Supply prescribing. Clients must be reassessed frequently to monitor response to care, titrate doses, avoid opioid toxicity, and provide early intervention of complications that may arise.

Clients may face multiple barriers to attending regular appointments, and thus every effort is made to provide low-barrier flexible care options. However, if the clinical team is unable to engage the client in a follow-up assessment, the prescriber will not have an accurate assessment of the client's opioid use patterns and must decrease their prescription due to the potential for opioid toxicity.

The wraparound (social care) team is an imperative support to draw on for SOS clients who miss two or more appointments or have a demonstrated pattern of missing appointments. Integrating case management, as a critical and preventative response strategy, can help the client manage some of the factors interfering with their ability to regularly attend their appointments. The wraparound team can support a comprehensive care plan led by the Case Manager, who can also attach the SOS Counsellor and SOS Health Navigator where appropriate.

Note that the abrupt discontinuation of SOS/OAT medication may lead to withdrawal symptoms, decreased opioid tolerance, and increased street opioid use. Subsequently, clients may have an increased risk of overdose. All efforts should be made to avoid abrupt discontinuation of SOS/OAT.

The decision to discharge clients from the program after prolonged disengagement is ethically fraught given the numerous barriers to access faced by our clients. This must be balanced with our ethical consideration of maximizing capacity of the program as a limited resource to provide Safer Opioid Supply to the community, thus necessitating discharge of inactive clients. Input from the SOS client advisory has been a central voice in the development of our protocols to ensure that our program employs a policy that balances these factors. It is crucial that clinicians engage all available supports when clients miss appointments and/or doses, potentially preventing a longer period of disengagement that could result in losing access to medications.

Purpose

To guide SOS team members in supporting clients who have missed multiple consecutive follow-up appointments.

Protocols

1. **Prescription Management**

The following protocols for prescription management following missed appointments applies only to clients who are continuing to attend the pharmacy for medication dispensing. If the client has missed

two or more consecutive days of dispensing, please refer to the SOS Missed Doses Prescription Management Protocol.

Missed Appointments	Dose Changes	Follow-Up Appointment
One	None. Continue prescription at current doses until booked follow up appointment.	Rebook follow up appointment with prescriber or RN in 1-2 weeks and communicate appointment time to client by phone or letter to pharmacy.
Two	Maintain long-acting opioid dose (I.e., Kadian and/or methadone). Reduce # of tablets dispensed daily by 2-6 tabs. Consider risk factors for opioid toxicity when determining dose reduction (e.g. concurrent use of benzos or alcohol). Write prescription x 1 week.	Rebook follow up appointment with RN and Case Manager in 1 week and communicate appointment time to client by phone or letter to pharmacy.
Three	Maintain backbone dose. Reduce # of tablets dispensed daily by 2-6 tabs. Write prescription x 1 week.	Rebook follow up appointment with RN and Case Manager in 1 week and communicate appointment time to client by phone or letter to pharmacy. Inform client that Dilaudid prescription will be discontinued after next missed appointment.
Four	Discontinue Dilaudid. Begin taper of backbone.	Inform client by phone or letter that Dilaudid has been discontinued due to need for follow up assessment. Inform client that after 60 days since their last follow appointment, they will be discharged from the program. (See SOS Discharge and Removal Protocol) The clinical team will assign the task of contacting the client to schedule a follow up appointment. From the date of the follow up appointment the case manager is responsible for regular reach outs

		to reattach the client to care up to the 60-day mark.
No further client engagement	Discontinue backbone.	

See Appendix for PSS letter templates for missed appointments.

2. Wraparound Support

a. Case Management

After a client has missed appointments, clinicians are expected to engage the client's site-specific Case Manager to connect with the client and offer supports. This should be done by booking the client in to see the Case Manager on PSS and by sending a PSS message or instant message to the Case Manager outlining concerns.

- **Two missed appointments:** Two or more missed appointments flag psycho-social needs that require attention. The case manager can investigate and create an action plan with the client to increase their ability to attend their regularly scheduled appointments.

b. Health Navigation

The Health Navigator will be notified by the Case Manager of a client's short-term task-based support needs to help them attend appointments (e.g., appointment support, documentation gathering, basic engagement).

c. Counselling

Counselling is a resource that may benefit the client is supporting their psycho-emotional needs with the application of Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT) and Motivational Interviewing (MI) with the purposes of contributing to a reduction of missed appointments.

Related Documents

1. **SOS Missed Doses Prescription Management Protocol**
2. **SOS Discharge and Removal Protocol**

Appendix A: PSS Template for Letters and Missed Follow Up Appointments

Missed Follow Up Encounter Note - "SOS-Missed-FU"

Missed SOS Follow Up. Current rx: «MMT: • mg» «Kadian: • mg» «Dilaudid: • tabs/day» Missed doses per connecting ontario: «None» «Phone call to client - no answer.» «Unable to leave VM.» «VM left informing of new appointment time.» «Letter sent to pharmacy with information re: new appointment.» «Rx renewed at current doses for •».

Missed Appointment Pharmacy Letter – QW Contact – "SOS-MissedFU-QWPharmacyLetter"

Dear pharmacist, Please inform «client» of a missed follow up appointment today. A new appointment has been booked for • «with RN •». If this time does not work, please have the client call our clinic to rebook - 416-703-8482. Thank you kindly for your care of our mutual client.

Missed Appointment Pharmacy Letter – PK Contact – "SOS-MissedFU-PKPharmacyLetter"

Dear pharmacist, Please inform «client» of a missed follow up appointment today. A new appointment has been booked for • «with RN •». If this time does not work, please have the client call our clinic to rebook - 416-537-3526. Thank you kindly for your care of our mutual client.

Missed Appointment With Dose Reduction Letter "SOS-MissedFU-DoseReduction"

Dear pharmacist, Please inform «client» of a missed follow up appointment today. Due to • consecutive missed appointments and the need for reassessment, the client's SOS prescription has been reduced. A

new appointment has been booked for • «with RN •». If this time does not work, please have the client call our clinic to rebook.

Thank you kindly for your care of our mutual client.

Missed Appointment – Dilaudid Discontinued – Discharge Warning – "SOS-MissedFU-DilaudidDiscontinued"

Dear pharmacist,

Please inform «client» of a missed follow up appointment today. Due to • consecutive missed appointments and the need for reassessment, the client's Dilaudid prescription has been discontinued. If there is no further contact from the client, we will begin tapering their Kadian prescription.

Please inform the client that per our program protocol, once 60 days has lapsed since their last visit, they will be discharged from the program. They must return for follow up by •.

Thank you kindly for your care of our mutual client.

Missed Doses Prescription Management

Date of Issue: 2022-03-31 Date of Last Review: 2022-05-25

Background

Tolerance to opioids is rapidly lost during periods of abstinence, after which continuing at the previous stabilized dose of SOS could lead to opioid toxicity. Therefore, after 2 days of missed doses (when using Kadian as a backbone – see note below re: methadone), the SOS client must be reassessed to determine safe ongoing doses of SOS.

The PQW Safer Opioid Supply Program values the voice of clients in their own care and recognizes self-report of on-going opioid use as valuable and valid information in determining dose changes. Therefore, the client's reported use is incorporated into clinical decision making, including following missed doses.

Case Management integration is an imperative support to draw on for SOS clients when there are missed doses and dose changes. We can apply the assumption social determinants of health are impacting access to pharmacy. Integrating case management as a critical response to missed/changing doses will provide a preventative strategy that can help the client manage some of the factors interfering with regular access to their prescribed supply.

Purpose

Provide guidance to SOS Prescribers in managing SOS prescriptions (Kadian, Methadone and Dilaudid) following missed doses and linking clients to case management to support the ongoing stabilization of the client.

Protocols

1. **Prescription practices**

- For clients receiving Sustained Release Oral Morphine (i.e., Kadian, M-Eslon) and Dilaudid for Safer Opioid Supply, the prescriber will indicate on the prescription that the pharmacist shall hold the prescription following 2 or more consecutive days of missed doses and notify the prescriber
- For clients receiving methadone and Dilaudid for Safer Opioid Supply, the prescriber will indicate on the prescription that the pharmacist shall hold the prescription following 4 or more consecutive days of missed doses and notify the prescriber

The difference in length of consecutive missed doses required before cessation of the prescription accounts for the prolonged half-life and delayed loss of tolerance with methadone versus sustained release oral morphine.

2. **Reassessment of the client**

Ideally, the client will be reassessed in person or by phone by the SOS RN or prescriber prior to re-initiation of the SOS prescription to determine appropriate dosing for resumption of the SOS prescription.

In order to promote client retention and limit loss of tolerance and withdrawal, a prescription may be issued in the instance that a client cannot be contacted for reassessment, has missed 4 or less days of dispensing, and is expected to attend the pharmacy outside of clinic or on-call hours. In these instances, a prescription may be left with the pharmacy in accordance with Table 1 below on the assumption of total opioid abstinence during the period of missed doses. For example, if the client has missed 2 days of dispensing, a prescription would be left with a 40% reduction in both Kadian and Dilaudid. Should the client return to the pharmacy during clinic or on-call hours, the prescriber may be contacted to assess the client and the prescription adjusted to account for use of street-acquired opioids during the period of missed doses.

If the client has missed 14 or more days of their medication, a comprehensive reassessment of the client must be performed before re-initiation of SOS (re-initiation will not be offered via the on-call service).

3. Dose Changes Following Missed Dispensing

The dose for resumption of the SOS prescription is guided by the clinician's assessment of the client and clinical factors impacting opioid toxicity. **Table 1** can be used to guide dose changes for clients receiving Kadian and Dilaudid for Safer Opioid Supply, and is adapted from the BCCSU (2017) Guideline for the Clinical Management of Opioid Use Disorder's guidance on dose reductions following missed doses of Sustained Release Oral Morphine (Kadian) with considerations for reduced loss of tolerance with ongoing street-acquired opioid use during the period of missed doses.

The clinician may consider higher dose decreases for clients with additional factors for opioid toxicity including advanced age, concurrent benzodiazepine or alcohol use, respiratory disease, decompensated liver disease and use of other sedating medications.

If the client has missed 14 or more days of their medication, a comprehensive reassessment of the client must be performed before re-initiation of SOS (re-initiation will not be offered via the on-call service).

Table 1. Dose Reduction for Missed Doses of Kadian and Dilaudid

Daily Street Fentanyl Use During Period of Missed Doses	**2 Days Missed Doses**	**3 Days Missed Doses**	**4 Days Missed**	**5 Days Missed**
No opioid use or unable to assess client	40% Reduction of Kadian and Dilaudid	60% Reduction of Kadian and Dilaudid	80% reduction or starting dose	Reinitiation of SOS (See SOS

1 – 6 points daily	20% Reduction of Kadian and Dilaudid	40% Reduction of Kadian and Dilaudid		Initiation and Titration Protocol)
≥ 7 points daily	No reduction in Kadian or Dilaudid	20% Reduction of Kadian and Dilaudid		

For clients receiving Methadone as a "backbone" for Safer Opioid Supply, dose reductions are indicated following 4 days of consecutive missed doses and are reduced in accordance with the Metaphi (2021) methadone treatment recommendations. The same percentage reduction can be applied to the Dilaudid dose (i.e., 50% reduction after 4 days) or a reduction to 12 tabs of Dilaudid 8mg dispensed daily, whichever is the highest dose. Using clinical discretion, the clinician may choose to provide less conservative Dilaudid dose reductions in cases of ongoing street fentanyl use.

Table 2. META:PHI (2021) Dose Adjustments for Missed Methadone Doses

Days missed	Dose	Increases
Three (patient presents on day four)	Continue previous dose; no adjustment required	10–15mg every three days as per usual titration protocols
Four (patient presents on day five)	The higher of 50% of previous dose or 30mg	10mg daily for three days (not exceeding the most recent dose), then reassess and proceed as usual
Five or more (patient presents on day six or later)	Restart: 30mg +/- SROM maximum 200mg	10–15mg every three to five days

4. Case Management

As a part of a preventive response and the continued support we can offer clients to better maintain access to the pharmacy, clinicians are expected to engage their site-specific Case Manager when a client has demonstrated two or more missed doses and a pattern of missing doses. Missed doses flag psycho-social needs and the case manager can investigate and create an action plan with the client to increase their access to their prescribed supply. This should be done by booking the client in to see the Case Manager on PSS and by sending a PSS message or instant message to the Case Manager outlining concerns. (See also Wraparound Support section of the SOS Missed Appointments Protocol.)

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Appendix A: BCCSU Missed Dosing Schedule for SROM

Number of missed days	Missed dosing schedule	
	Example prescribed dose = 200 mg	*Example prescribed dose = 800 mg*
1	200 mg	800 mg
2	120 mg (40% reduction)	480 mg (40% reduction)
3	80 mg (60% reduction)	320 mg (60% reduction)
4	40 mg or starting dose (e.g., 60 mg), whichever is higher (80% reduction)	160 mg (80% reduction)
5	Resume at initiation dose (e.g., 60 mg)	Resume at initiation dose (e.g., 60 mg)

On-Call Restarts

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-08

Purpose

Provide guidance for SOS Providers responding to requests to reinitiate SOS prescriptions following missed dose received via phone call to the SOS On-Call Service. On-call restarts are provided to clients to minimize interruptions in care which can contribute to destabilization and increased risk of overdose and death. However, phone assessments with an unfamiliar provider are limited, and clients' on-going engagement with the program, including attending appointments with a regular provider, is necessary for safe and effective SOS care.

Note that this document provides guidance only regarding procedures for on on-call restarts. Actual dosing guidance is discussed in SOS Missed Doses Prescription Management Protocol.

Protocols

On-Call Restarts

On-call restarts may be provided by the On-Call provider following phone assessment of the client provided:

- The client has not missed more than 14 days of medication
- The client receives no more than 2 consecutive on-call restarts before a comprehensive follow-up is performed by the provider or SOS RN (i.e., the client did not present for a follow-up appointment before a second on-call restart was required)
- The MRP has not indicated in the "Special Note" that the client is ineligible for on-call restarts due to specific concerns (e.g., limited engagement, high risk of toxicity, concern re: UDS results)

An on-call prescription should extend from the date of the request until the next regular booked appointment. If the client does not currently have an appointment, the On-Call provider should book the client with the SOS RN or their regular provider at the next available appointment or direct the client to contact the clinic to book a follow-up appointment before the prescription lapses. Duration of prescription is otherwise at the discretion of the On-Call provider and dependent on individual assessment of the client's stability, needs and risks for toxicity.

If the client is not eligible for an on-call restart, the On-Call provider should book, or direct the client to book, a follow-up appointment with the SOS RN or their regular provider as soon as possible to limit disruptions in care.

Clients requiring frequent on-call restarts should be connected to case management to provide supports in regular pharmacy and appointment attendance.

RN Collaborative Care for SOS Clients

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-08

Background

The Parkdale Queen West Community Health Centre Safer Opioid Supply program employs an interprofessional approach to the care of Safer Opioid Supply clients.

Per the CNO Standard for RN and RPN Practice (2018):

> *The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.* (p. 4)

Recognizing the scope of practice and expertise of Registered Nurses, SOS RNs are utilized, in collaboration with SOS Prescribers, to provide comprehensive care for SOS clients both for primary care and SOS care.

Purpose

The purpose of this protocol is to provide direction to members of the Safer Opioid Supply program on care performed by the Registered Nurse within the SOS program, including follow-up assessment of clients receiving SOS prescriptions.

Implementers

Registered Nurses in the Safer Opioid Supply Program who have completed additional training in Opioid Agonist Therapy (e.g., completion of the CAMH Opioid Use Disorder Treatment course, the UBC Provincial Opioid Addiction Treatment Support Program, or equivalent education) and have performed ongoing self-assessment and practice reflection to affirm they have the knowledge, skill, and judgment to provide specialized SOS care and/or to identify the limits of their knowledge and engage other providers as needed to ensure safe and comprehensive care. These RNs are also referred to as “SOS RNs” in the proceeding document.

Nurse practitioners and physicians practicing in the Safer Opioid Supply Program, as referred to as “SOS Prescribers” in the proceeding document.

Protocols

1. **Frequency of RN and Prescriber Assessment in a collaborative care model of SOS**

Clients enrolled in the Safer Opioid Supply Program will be assessed at their initial visit by the RN and by an SOS prescriber for assessment and initiation of SOS medications.

Thereafter, the client may receive follow up assessment by either the SOS Prescriber or by the SOS RN. The client will be seen by their SOS prescriber at a maximum interval of every three months. The

frequency with which they will be seen by the RN for either in-person or phone assessment will be determined by the SOS Prescriber, with a maximum interval of 1 month.

2. **RN Follow-Up Assessment**

The RN will complete the follow up assessment per the template in the Appendix.

Following assessment, the RN will inform the SOS prescriber of any:

- Abnormal vital signs
- Urgent medical concerns including soft tissue infections and new onset back pain
- New onset problematic alcohol or benzodiazepine use, or an increase in previously stable alcohol or benzodiazepine use
- Excessive sedation
- Constipation not relieved by appropriate use of prescribed laxatives
- Unexpected UDS findings (e.g., absence of prescribed medications, presence of benzodiazepine not known to be routinely present in the toxic street supply, substances not reported by the client)
- Prescription issues as outlined in the following section

For non-urgent concerns, the RN may book the client into the next available appointment with the SOS Prescriber as appropriate.

3. **Prescription Management in a collaborative care model of SOS**

Length of Prescription

Under the collaborative care model, the SOS prescriber may choose at their discretion to:

A. Provide a new prescription following each RN visit, or,
B. Provide a prescription which extends to the date of the next Prescriber assessment, during which time the client continues to be assessed by the RN at regular intervals.

If the client is on a stable SOS dose, the latter method is recommended to avoid unnecessary workload for the SOS Prescriber.

Under this protocol, the RN will alert the Prescriber if:

A. Upon assessment, there are client or RN concerns requiring a dose titration or assessment by the prescriber
B. The prescription has lapsed
C. The client has missed 2 or more consecutive visits, requiring a dose reduction as per the SOS Missed Doses Prescription Management Protocol.

Prescription titration

Per the SOS Initiation and Titration Protocol, the RN's assessment, and shared decision-making with the client, the RN will communicate a suggested plan of care to both the client and the SOS Prescriber. Dose suggestions will be communicated to the SOS prescriber via PSS Message or PSS instant message. The RN will communicate to the client that dose changes are authorized at the discretion of the SOS Prescriber. Should the prescription issued by the SOS Prescriber vary from the plan of care discussed between the RN and the client, the RN will inform the client of the prescription changes either in person, by phone, or via letter to the pharmacy. If the client feels the prescription does not meet their needs, they may choose to book an appointment with the SOS prescriber to review their plan of care prior to their next scheduled prescriber appointment.

Table 1. Overview of RN Collaborative Care Model

	SOS Prescriber (MD/NP) Role	**RN Role**
Frequency of Assessment	At prescriber discretion, at a maximum interval of 3 months (while seen by RN at a maximum interval of 1 month)	At prescriber discretion, at a maximum interval of 1 month
Prescription Management	When seen by RN for follow up may choose to: A. Provide a new prescription following each RN visit B. Provide a prescription which extends to the date of the next Prescriber assessment, while the client continues to see the RN in the interim.** **Recommended for clients at a stable SOS dose	Alert the SOS prescriber in case of 1. Client or RN concerns requiring dose titration 2. Prescription has lapsed, new prescription required 3. Client has missed 2 or more consecutive visits requiring a dose reduction as per the SOS Missed Appointments and Prescription Management Protocol

4. RN Primary care screening and use of RN Directives

In addition to collaborative delivery of SOS care, the SOS RN is vital in providing low-barrier access to primary care for SOS clients. To optimize client health outcomes, the RN will be utilized to their scope of practice as well as enabled through directives which apply to all RNs providing clinical care at

PQWCHC, including performing cancer screening, updating vaccinations, and administering medication for STI treatment.

References

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Appendix A: RN Follow-Up Visit Template

Connected with client «over phone» «in person» for safer opioid follow up «as fit in».

Current OAT rx
«MMT:»
«Kadian:»
Number of take-home doses: «none» «Yes»

Current safer supply rx
Hydromorphone 8 mg: •
PO/IV/IM/IN use?: «PO» «IV» «IM» «IN»

Missed doses: «no» «yes,»

Non SOS opiate used/route
«FYL:» «Heroin»«others»

Total number of uses with opioids (HM + illicit supply) per day now•

Goal regarding opioids use:
_____
Stimulants (cocaine, amphetamines etc)•
Alcohol «no» «Yes»
Benzodiazepines «no» «yes»

Goal regarding other substance use:

Other problematic substance use? «N/A»
«Tobacco:»
«Cannabis:»
_____
Opioid Cravings: «None» «Mild» «Mod» «Severe»

Withdrawal symptoms: «None» «Mild» «Mod» «Severe»
Sx includes «Dysphoria,» «Insomnia,» «Myalgias,» «Sweats/Chills,»
«Rhinorrhea,»«Lacrimation,» «Pilorection,» «Yawning,» «Nausea,» «Diarrhea,» «Vomiting»

Last dose of «SROM»«MMT»«Bup»
Withdrawal onset:

«No reported sedation or constipation with dose»
«Reports opioid side effects of »
«Constipation:»
«Drowsiness:»

Any OD?s since last visit: «no» «Yes, naloxone used?»
Any ER visits or hospitalizations related to substance use: «no» «Yes» «NA»

Pt reports «no» concerns regarding current dose.
«No acute medical or psychiatric concerns today»
«No recent high risk exposure activity re HIV/HCV»
«No symptoms of cellulitis or abscess on hx»

Changes related to current use/SOS program:
Medical: •
Work: •
Social: •
Family: •
Legal: •

Clinical stability: «Yes» «No»
Stable housing: «No» «Yes»
Stable social supports +/- employment: «No» «Yes»

O: NAD
«BP:»
«HR:»
«SpO2:»
«Temp:»
«General appearance: no diaphoresis, no jaundice, pupils as per ambient light, no dilation or constriction»
Alertness - «normal and appropriate, without hyper-vigilance»«somnolent»
Speech - «normal, coherent, without slurring» «normal rate/rhythm/volume»
«Gait - normal, no stumbling»
«Affect - euthymic, good eye contact»
Mood - «normal»
Sleep: «insomnia» «normal»
Anxiety: «absent» «present»
Energy: «normal»«elevated»«low» «other:»
Suicidal Ideation: «Absent» «Present» «N/A»
Thought Process: •
Insight/Judgement: •
«Resp: GAEB, no crackles, no wheezing»
«CVS: no murmurs, S1S2»
«Tracks / Abscesses»: «no abscesses or cellulitis, tracks present on forearms»

A: Severe OUD, Safe Supply Program for Opioid Use, no safety concerns today

P:
1. See Rx - dose adjusted to:
«MMT:»

«SROM:»
«D8s:»

2. Any take-home doses? «No»«yes»
Any take-home dose safety issues discussed: «N/A»
Take home doses locked up in a box: «N/A»

3. Reviewed concerns re: diversion today: «Yes» «No» «N/A»

4. «For full spec UDS with chromatography today» «For UDS q2-4 weeks on program»

5. Motivational interviewing and supportive counselling done

6. Reviewed harm reduction protocols including doing smaller shots and importance of using additional toxic street supply with peers/at an OPS/SCS due to higher OST/HDM8 dose, always having Narcan on person, client understands and agreeable

Urine Drug Screening

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-08

Background

Urine drug screening (UDS) remains a standard of care in the provision of Opioid Agonist Therapy (OAT), though its utility has increasingly been under question, especially with relaxed UDS requirements during the COVID19 pandemic while OAT was largely provided via virtual care (BCCSU, 2021; Pytell & Rastegar, 2021). As medical safer supply is an emerging practice, and there is no published guidance regarding the role of urine drug screening specifically in Safer Opioid Supply programs, this protocol has been developed primarily from the clinical experience and judgment of Safer Opioid Supply providers.

Urine drug screening can be experienced by clients as punitive and stigmatizing (BCCSU, 2021). Some of our clients have had contact with the criminal justice system, in which urine drug screening has been used to enforce abstinence and impart punitive consequences for substance use (Pytell & Rastegar, 2021). Many of our clients have previously received care from OAT clinics which have used direct observation or observation by video while urine samples are provided, a practice we strongly feel is a violation of patient privacy and dignity, has not been shown to provide any significant benefit to the care of the client, and can be retraumatizing for clients who have experienced psychological or sexual trauma (Clarke et al., 2019; Bromley et al., 2021; BCCSU, 2021).

For these reasons, our approach to Urine Drug Screening in the Safer Opioid Supply program strives to be explicitly non-punitive and client-centered.

Purpose

Provide guidance to SOS team members on appropriate use of Urine Drug Screening in the delivery of SOS care.

Protocols

1. Purpose of Urine Drug Screening

The client should be informed of the reason urine drug tests are collected within Safer Opioid Supply care. The goal of urine drug testing within the Safer Opioid Supply Program is **not** to monitor for abstinence from street supply or penalize street drug use. Presence of street drugs in the UDS will **never** be used as a reason to discharge the client from the SOS program. Results are used to confirm ongoing use of SOS medications, assess safety of Safer Opioid Supply prescribing, facilitate informed discussions of the risks of treatment, and provide information to the client on contamination of the unregulated opioid supply. UDS results are also used in aggregate to help inform clinicians and community members of trends in unregulated drug composition.

SOS staff should avoid referring to test results using colloquial terms such as “dirty” or “clean”, as these terms reinforce the idea that substance use is a moral failing (BCCSU, 2021).

2. Frequency and Indication for Collection of Urine Drug Screens (UDS)

Urine drug screens will be collected in the following circumstances:

- At initiation or re-initiation of Safer Opioid Supply as one component of baseline assessment to confirm recent opioid use and assess safety of proceeding with SOS prescribing
- Every 4 to 8 weeks to provide confirmation of ongoing use of Safer Opioid Supply medications as one component of our diversion mitigation strategy, and to monitor for substances which may increase risks of opioid toxicity (i.e., benzodiazepines)
- At clinician or client discretion if a client is exhibiting potentially toxic effects of an unknown substance
- On request from the client to:
    - Provide information regarding potential contaminants in their unregulated supply
    - Support clients who identify regular interval testing as psychologically supportive to meeting their goals
    - Provide results to external agencies with written client consent (e.g., to concurrent OAT provider, child protection agencies, correctional services). Note that the agency should be informed that we do not collect urine under observation.

3. Collection of UDS Specimens

A history of recent substance use should be taken prior to performing a POCT or sending urine for broad spectrum testing.

Urine drugs screens (UDS) will be collected in the following way: a labeled specimen cup will be provided to the client by the SOS team member or medical receptionist, and the client will collect their urine independently without supervision and return their sample to the team member. Alternatively, clients may complete urine drug screening at a community laboratory.

4. Point-of-Care Testing (POCT) vs. Broad Spectrum Urine Drug Screening

Point-of-care urine drug screening has the advantage of providing immediate results, which can expedite clinical decision making. For example, it is advantageous to use POCT when confirming opioid use to initiate clients on Safer Opioid Supply, as results from urine drug testing via chromatography (broad spectrum urine drug screening) is subject to delays of days to weeks. However, SOS staff must be cautious as urine drug screening results by point-of-care immunoassay are subject to cross-reactivity, false negatives and false positives (Raouf, Bettinger & Fudin, 2018). **See Appendix A for possible causes of false results in UDS.**

Additionally, when interpreting POCT results, some substances are only reported as classes of medications (e.g., consumption of diazepam will result broadly positive to “benzodiazepines”) which limits their utility, especially in the context of a drug supply heavily tainted with benzodiazepines. Any unexpected finding on POCT should be confirmed through sending the specimen to the lab for broad spectrum chromatography, which carries high specificity and sensitivity (Raouf, Bettinger & Fudin,

2018). Broad spectrum testing is our test of choice for ongoing monitoring of SOS clients, except in cases in which immediate results would have significant bearing on clinical care.

5. Managing UDS Results

In the case of unexpected UDS findings in POCT, ensure that a broad-spectrum test has been sent for confirmation. When using POCT, cross-referencing the table in Appendix A may be helpful to identify causes of possible false-negatives or false-positives.

Urine drug screen results should be discussed with the client and their history of recent substance use reviewed. Clients should be informed that concurrent use of some substances, particularly benzodiazepines, may increase their risks for adverse outcomes and opioid toxicity. The presence of sedating medications may be one component of assessing the client's risk for opioid toxicity with Safer Opioid Supply and guiding titration of medications to avoid adverse effects. The presence of unprescribed opioids, in conjunction with clinical assessment, may indicate the need to increase doses of SOS to meet the client's needs according to their goals.

Rarely, the SOS program has received UDS results in which SOS medications are absent. Please refer to the SOS Diversion and Lost & Stolen Doses Protocol for management of UDS in which SOS medications are absent.

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Appendix A: Table 1. Possible causes of false-positives and false-negatives in Urine Drug Screening

From BCCSU (2021) Urine Drug Testing in Patients Prescribed Opioid Agonist Treatment

Opioids	**False-negative results**	*Check product insert carefully. False-negative results can occur when immunoassays do not reliably detect the following semi-synthetic or synthetic opioids[1]:*		
		Oxycodone[13]	Buprenorphine[13]	Methadone[13]
		Hydromorphone[30]	Fentanyl[13]	Meperidine[1]
	False-positive results	*Cross-reactivity and false-positive results can occur with compounds that have a similar chemical and physical structure.*		
		Substances	**Cross-react with:**	
		Fluoroquinolones[13] Poppy seeds[13] Dextromethorphan[13] Diphenhydramine[13] Quinine[13] Rifampin[31]	Morphine Codeine Heroin metabolite	
		Trazodone[32] Risperidone[33] Paliperidone[34]	Fentanyl	
		Quetiapine[15] Verapamil[13,15]	Methadone metabolite	
Benzodiazepines	**False-negative results**	*Check product insert carefully. Some benzodiazepines have distinct metabolic pathways and may not adequately cross-react on immunoassays. "Z-drugs" are not detected in benzodiazepine immunoassay panels.[35]*		
		Lorazepam[35] Clonazepam[36]	Alprazolam[35] Zopiclone[35]	Zolpidem[35]
	False-positive results	*Cross-reactivity and false-positive results can occur with compounds that have a similar chemical and physical structure.*		
		Sertraline[15]	Oxaprozin[31]	
Amphetamines	**False-negative results**	*Not applicable*		
	False-positive results	*Amphetamines have the highest degree of cross-reactivity of any substance and thus the highest rate of false-positive results.[15]*		
		Substances		
		Amantadine[13] Aripiprazole[37] Bupropion[15] Chlorpromazine[15] Clobenzorex[15] Desipramine[13] Ephedrine[15]	Fenproporex[38] Fluoxetine[13] L-Methamphetamine[13] Labetalol[31] Methylphenidate[13] Phentermine[13] Phenylephrine[35]	Phenylpropanolamine[15] Promethazine[13] Pseudoephedrine[13] Ranitidine[15] Thioridazine[13] Trazodone[15] Venlafaxine[38]
		Lactate dehydrogenase and lactate, in patients with lactic acidosis[39]		
THC	**False-negative results**	*Check product insert carefully. Synthetic cannabinoids are very unlikely to cross-react and are typically present at very low concentrations.[40]*		
		Nabilone[41]		
	False-positive results	*Cross-reactivity and false-positive results can occur with compounds that contain THC or cannabidiol, or with compounds that have a similar chemical and physical structure.*		
		Sativex[32] Dronabinol[13]	Efavirenz[13] NSAIDs[13,15]	Proton pump inhibitors[13] Baby soap[j] or shampoo[42]

Diversion and Lost & Stolen Doses

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-08

Background

The Parkdale Queen West Safer Opioid Supply (SOS) Program is a harm reduction program created in response to the drug poisoning crisis. Similar to any prescribed medications and the prescription of opioids for other medical conditions, there are potential risks associated with SOS prescribing. These risks and the strategies used to mitigate them are described in this protocol.

The College of Physicians of Ontario (2012) requires that physicians prescribing controlled substances "develop a comprehensive treatment plan that includes... a plan for minimizing risks and unintended consequences (e.g., diversion)" (para. 32d). Similarly, the College of Nurses of Ontario (2019) states "safe, effective and ethical prescribing [of controlled medications] includes practitioners being able to assess and identify potential and actual medication misuse, addiction and diversion" (Isn't Prescribing Controlled section, para. 2).

When developing strategies to manage potential risks, including the risk that medications may be taken by those to whom they have not been directly prescribed (often referred to as 'diversion'), prescriber obligations must be balanced with existing and emerging evidence regarding diversion. Preoccupation with preventing diversion has been found to "create distrust, damage patient-doctor relationships and result in disengagement from healthcare services" (Duke & Trebilcock, 2022, Results section). Protocols to mitigate diversion must be implemented with care to avoid punitive practices which reproduce stigma, and which may introduce excessive barriers to care, potentially resulting in disengagement, increased reliance on the toxic unregulated drug supply, overdose and death.

To mitigate the risks of diversion and to respond to any potential risks with an equitable and person-centred approach, we must critically examine the context and systemic factors underlying medication diversion. There have been reports that motivations underlying diversion include wishing to help others access a safer opioid supply and avoid use of the toxic drug supply, attempting to help social contacts who are experiencing acute opioid withdrawal, and to get money to pay for other needs (Bardwell et al., 2021). Some research has reported that the use of diverted opioid medications may arise from a lack of lawful access to these medications (Del Pozo and Rich, 2020), including due to a lack of capacity within current safer supply programs to meet the current level of community need (Kolla et al., 2021). The inadequate number of available safer supply prescribers, as well as the relegation of access to safer supply to high barrier medical models, may contribute to self-medication, particularly in the context of an unregulated street supply that is dominated by fentanyl. SOS providers should seek to respond to potential diversion through identifying unmet needs of participants, providing education regarding the risks of diversion to individuals who are not receiving an opioid prescription, and reassessing prescriptions to avoid inadvertent opioid toxicity associated with irregular use of Safer Opioid Supply medications. Attempts should be made to avoid heavily penalizing program participants for diversion, as this places responsibility for the effects of criminalization, poverty and inadequate government response to the overdose crisis onto program participants.

Purpose

Guide members of the Safer Opioid Supply team in responding to suspected, confirmed or reported cases of lost, stolen, and/or diverted doses of SOS medications.

Implementers

Nurse practitioners, MDs, RNs and RPNs within the Safer Opioid Supply team.

Protocols

1. **Suspected Diversion**
    - **Pharmacy observed/reported diversion:**
        - **i.** Inquire about context from pharmacist – if confirmed observed diversion (I.e., client observed selling medications outside pharmacy), proceed with assessment of client including assessment of safety with current medications doses. A urine drug screen (UDS) should be collected to confirm presence of SOS medications.
    - **Diversion reported by community members**
        - i. Consider context, complex community relationships and degree of certainty. Diversion reported by community members to the program should be considered low quality evidence for directing changes to clinical care. A UDS should be collected to confirm presence of SOS medications. Reports should be discussed with the client and noted in the chart, but do not result in decreased doses unless otherwise indicated.
    - **Reported by health care professional/staff**
        - i. Consider context and degree of certainty. A UDS should be collected to confirm presence of SOS medications.
    - **Sudden changes in tolerance/clinical stability (ie. Sedation with regular prescribed doses upon admission to hospital or change to observed arm)**
        - i. In these cases, consider the context of the change. Concurrent illness or change in formulation (i.e., receiving IV Dilaudid formulation in hospital) may change an individual's response to the medication. If the differences are significant and not easily explained by different circumstances, consider a reduction in their dose.

2. **Lost or Stolen Doses**

When a client reports that they have lost their dose/s or had their dose/s stolen, they may request to have a replacement dose prescribed/dispensed. The clinician will discuss with the client the circumstances in which the medication was lost or stolen and review medication storage safety strategies to prevent future incidences.

Replacement doses will only be honored once within a 365-day period. Further replacement doses within this period may be considered under exceptional circumstances at the provider's discretion.

The quantity of the dose replaced should be guided by a) reported lost/stolen doses b) usual use patterns and c) duration until next scheduled dispensing. E.g., if a client uses 5 tabs three times daily, and requests a replacement dose at 8 PM, the clinician should consider replacing only 5 tabs to constitute one evening dose, as the client may return to the pharmacy the following morning for the next day's supply of medication.

All dose replacement requests (including when a replacement dose has not been granted) should be recorded in the "Special Notes" section of the chart.

Repeated lost or stolen doses should result in further review of safe medication storage, consideration of possible diversion, and possible need for increased observed dosing at either the pharmacy or Observed Arm.

Strategies for preventing further incidences of lost/stolen medication may include:

1. Facilitating transfer of pharmacy for clients being targeted at their pharmacy for their medications.
2. Considering a lock box for medications stolen at home
3. Considering using doses at a supervised consumption service
4. Switching to partial or all observed dosing (requires oral consumption) at the pharmacy or at the observed site (if non-oral consumptions preferred by client)
5. Consider switching to all observed long-acting formulation

3. Urine Drug Screens – Absent SOS Medications

- Clients of the Safer Opioid Supply program receive regular urine drug screening (UDS) to confirm the presence of prescribed medications (see the SOS Urine Drug Screening Protocol)
- Urine drug screens in which SOS medications (i.e., methadone, Kadian and/or Dilaudid) are found to be absent suggest the client is not consuming the prescribed medication and will result in an assessment of the client by the prescriber. Reductions in medication may be required as the client may have a significant loss of opioid tolerance that could result in opioid toxicity if doses Assessment will include a review of UDS findings with the client, history of current use patterns, and assessment of current needs within the SOS program.
- The SOS team will discuss with the client their participation and needed adjustments in care. This may include the use of observed dosing of Dilaudid, either at the pharmacy or through admission to the Observed Arm.
- Repeated negative urine drug screens will result in a case conference with the SOS Team to discuss ongoing participation in the program. Note that the absence of SOS

medications is the only instance in which UDS results may impact continued participation in the SOS program.

- Most importantly, absence of SOS medications in the Urine Drug Screen indicates a probable loss of tolerance. Continuing SOS at the client's current doses may put the client at risk of opioid toxicity. The clinician should respond to absent UDS results as follows:

Negative Urine Result	**Dose Changes Indicated**	**Dispensing Changes Indicated**
All SOS medications absent in UDS	Due to unknown opioid tolerance, restart client at initiation doses of SOS.	If receiving less than daily dispensing - change dosing of OAT to daily observed at pharmacy. Consider options for observed PO dosing of some or all Dilaudid doses at the Observed Arm program or observed oral dosing at the pharmacy.
Short-acting SOS medication absent (e.g., Dilaudid), long-acting present in UDS	Continue long-acting at present dose. Restart client at initiation doses of Dilaudid.	
Long-acting medication absent in UDS, short-acting agent present	Due to unknown opioid tolerance, restart client at initiation doses of SOS.	

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Operational Protocols

Intake

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-25

Background

Intake has been a pain point for the safer supply program at PQW. At the start of the funded period for SOS, intakes were primarily received through the Supervised Consumption Services (SCS) as many SCS clients were using levels of fentanyl and fentanyl analogues that aligned with the original criteria. SOS's intake flow was capped quickly and since October 2020 intake has been mainly trickle-in with infrequent spot availability.

Purpose

To make available a process that permits flow, access and predictability within the values and principles framework of SOS.

Implementers

All SOS prescribers, Case Managers and RNs

Protocols

1. **Eligibility**
    - The eligibility criteria for the SOS program is *daily or nearly daily use of illicit opioids.*
    - Factors that may be applied to internal decision-making to determine prioritizing inclusion in the program are priority population status (populations with historical exclusion from access to health care and harm reduction services); experience of homelessness; living location; acute health concerns; disproportionate impact from social determinants of health; complexity; facilitators to engagement; and desire to participate.

2. **Ineligibility**
    - Eligibility is predicated on the fact that clients will be prescribed hydromorphone. Clients who are screened as only requiring OAT treatment will not be considered for the SOS program. They will be referred to an appropriate OAT clinic.
    - Other individuals who are deemed ineligible for the SOS program will be provided with resources and referrals to support their continued access to appropriate care.
    - We recognize that factors can change in the lives of individuals, and everyone is welcome to resubmit a referral should their circumstances change to meet criteria.

3. **Referral Pathways**
    - Refer to the SOS Referral Protocol, which explains the referral pathway standards and procedures.

4. **Flow and Spot Availability**
    - In alignment with the discharge protocol, the SOS Supervisor will hold the master list of clients expected to be discharged each month, which will inform the upcoming availability of spots alongside NP capacity.
    - The number of available spots per referral and intake period will be made transparent to those on the referral contact email list and other internal and external referrers, include those who self-refer.

5. **Primary Care and SOS**
    - Clients who are attached to primary care and who are prescribed high doses of opioids are not automatically enrolled in the SOS Program.
    - In the spirit of maintaining ethical and fair access to the SOS Program, PQWCHC general clinic clients must follow the same referral (and, if accepted, intake) process as an external applicant.
    - This means that individuals who did not go through the referral and intake channels cannot access SOS Program supports (case management, health navigation, counselling, and RN or RPN care). They will need to connect with the primary care case managers, counsellors, and RNs should they need follow-up.
    - SOS funded staff will only support clients who have gone through the approved channels.

6. **Waitlisting**
    - No waitlists will be operational for the SOS Program. The only exception is that hard copy self-referrals will be kept and considered from one open referral period to the next in some cases (see the SOS Referral Protocol).

Related Documents

1. **SOS Discharge and Removal Protocol**
2. **SOS Referral Protocol**

Referral

Date of Issue: 2022-03-31 Date of Last Review: 2022-06-03

Background

The SOS Program emerged from independent primary care practices of individual physicians at Parkdale Queen West CHC. Over time, there have been different approaches to client referral, engagement and retention in safer supply. Since the SOS Program has become a specifically funded program with defined deliverables, independent of, but complementary to, primary care at the Health Centre, it is important to outline the parameters surrounding the referral pathways into SOS. In order to provide a framework of transparency and accountability to the community at large, we are outlining the referral pathways for anyone seeking to refer or self-refer.

Purpose

To define the referral pathway to the PQW SOS Program at our two fixed sites.

Implementers

Referrers and prospective program members, alongside the SOS Supervisor, NPs, RNs, wraparound team, and Client Support Workers.

Protocols

1. **Identification of Available Space in the SOS Fixed-Site Program**
    - The two fixed-site NPs will assess their capacity for intake on an ongoing basis. They will determine, in consultation with other relevant team members, an onboarding plan that reflects team capacity.
        - **i.** For example, if there are 10 spaces available with one provider, they will determine the rate and schedule of onboarding that is realistic given the full team's schedules. This might mean a planned intake and onboarding schedule of 2-3 new program members per two-week period over two months to fill all 10 spaces.
    - When spaces are available, the Clinical Lead and the SOS Supervisor will confirm the intake and onboarding schedule as determined by the team, and plan open referral periods (see definition below) accordingly. See Appendix A for a sample intake and onboarding schedule.

2. **Referral Process**

    Mailing List

    - The PQW SOS Program will maintain a mailing list of contact emails for people who wish to be notified when referrals are open. The mailing list form is available as a link on the

program webpage: https://pqwchc.org/programs-services/harm-reduction/safer-opioid-supply-sos-program/.

- When there are places available in the program, the SOS Supervisor will send an email to those currently on the mailing list detailing instructions relating to the open referral period and process. Every effort will be made to ensure that at least one week of notice is provided ahead of an open referral period.
- The notification of an upcoming referral period will attach a template referral form for hard copy or digital submission.

Other Means of Communication

- To ensure that those who are not on the email list but are otherwise connected to PQWCHC programming know of open referral periods, the SOS Supervisor will automatically email all fixed-site Harm Reduction Supervisors and Coordinators at PQWCHC to notify them of any upcoming open referral periods.

Open Referral Periods

- "Open referral periods" are days in which the SOS Program at the fixed sites will be accepting referrals made by, or on behalf of, prospective program participants. Referrals do not guarantee admission and onboarding into the SOS Program.
- In general, referral periods will be five business days, beginning at 9:00am on the first day and concluding at 5:00pm on the fifth day. This will be outlined clearly in the email communication from the SOS Supervisor.

Submission and Review

- Only referrals received within the open referral period, as defined in the email communication from the SOS Supervisor, will be reviewed. Referrals sent later or earlier will not be reviewed during that specific intake period and will need to be resubmitted within a future referral period to be considered.
- There are two methods to submit referrals, which will be explained in the communication from the SOS Supervisor:
    i. **Digital submission:** PDF referral forms may be submitted, one at a time by attachment, for each referral via a specific email address (sosreferral@pqwchc.ca). They will be date- and time-stamped automatically.
    ii. **Hard copy submission:** PDF referral forms may be submitted in hard copy via a Client Support Worker at the front desk of either site. The SOS Supervisor will ensure that the CSWs have a stock of blank referral forms. The Client Support Worker will date- and time-stamp each submission and place them in an envelope in the SOS Supervisor's mailbox. The CSW will notify the SOS Supervisor when referrals are ready for pickup. In the case that someone completing a self-

referral needs help filling out the referral, the CSW will help, and will contact the SOS Supervisor to arrange any further support needed.

- Referrals will be assessed according to the base eligibility criteria and internal decision-making factors that influence intake. Base eligibility criteria are daily or near-daily use of illicit opioids.
- Review of all referrals received within the defined open referral period will take place as soon as possible following the referral period. The contact for any referral that has been advanced to further screening and intake will be notified by phone and/or email by the SOS RN as soon as possible after referral.
- To maintain as much equitability as is possible, the following will be considered in referral review:
    i. At least one self-referral will be moved to intake and onboarding as long as eligibility criteria are met. This includes hard copy and digital submissions.
    ii. At least one referral from an internal source (i.e., PQWCHC Supervisor, Coordinator, provider, or other staff) or an identified community partner will be prioritized, contingent on the number of spots available during that intake period.
    iii. All other referrals (i.e., those from community members and providers without a partner relationship to the program) will be assessed after these first conditions have been met.

3. Referral Source

- Internal Referrals
    i. PQW referrers will be required to complete the formal SOS referral form and submit it via one of the methods outlined above (i.e., digital or hard copy). No referrals will be accepted by email to a staff member or personal drop-off in order to keep the process streamlined and equitable.
- Self-Referrals
    i. Individuals can self-refer via filling out the formal SOS referral form held at the front desk with the CSWs or using the digital submission email. In limited circumstances, a phone-based self-referral will be considered, only if the prospective participant cannot complete a hard copy referral. This must be arranged ahead of time with the SOS Supervisor directly.
    ii. In communicating directly with the SOS Supervisor, the prospective program member will receive support with providing all the necessary information to be considered.
- External Referrals
    i. External referrals may come from identified partners or others. Those completing external referrals on behalf of someone must receive consent to do

so and should be prepared to offer support in ongoing connection with the person referred.

- All referrals received will need to highlight a specific referral source for improved follow-up.

4. Disqualifiers

- Referrals that have incomplete information will not be considered.
- Referrals submitted by an email other than to the referral-specific address (sosreferral@pqwchc.ca), or any method other than those outlined above, will not be considered.
- Referrals submitted outside of an open referral period will not be considered and will not be archived for future consideration. The exception is for hard-copy self-referrals, which will be stored and considered after open referral periods within two months of their submission.
- Individuals who do not meet the base criteria of *daily or nearly daily use of illicit opioids.*

Related Documents

1. **SOS Intake Protocol**

Appendix A: Sample Onboarding Plan

Number of spaces available per NP

1) Queen West NP: **2) Parkdale NP:**

Onboarding schedule

Week	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1		SOS Supervisor email to mailing list and internal staff for **X** spaces – Open referral period #1					
2		SOS Supervisor Reminder email **Open referral period #1:** Opens 9:00am				**Open referral period #1:** Closes 5:00pm	
3		Intake and Onboarding Period #1, Week 1: **X Spaces**					
		Referral review SOS Supervisor email to mailing list and internal staff for **X** spaces – Open referral period #2	Intake for **X** spaces begins				
4		Intake and Onboarding Period #1, Week 2: **X Spaces**					
		SOS Supervisor reminder email **Open referral period #2:** Opens 9:00am				**Open referral period #2:** Closes 5:00pm Intake for Intake and Onboarding Period #1 continues	
5		Intake and Onboarding Period #2, Week 1: **X Spaces**					
		Referral review SOS Supervisor email to mailing list and internal staff for **X** spaces – Open	Intake for **X** spaces begins				

		referral period #3					
6		Intake and Onboarding Period #2, Week 2: **X Spaces**					
		SOS Supervisor reminder email **Open referral period #3:** Opens 9:00am				**Open referral period #3:** Closes 5:00pm Intake for Intake and Onboarding Period #2 continues	
7		Etc.					

Discharge and Removal

Date of Issue: 2022-03-31 Date of Last Review: 2022-04-25

Background

The SOS Program emerged from independent primary care practices of individual physicians at Parkdale Queen West CHC. Over time, there have been different approaches to client engagement and retention in safer supply. Since the SOS Program has become a specifically funded program with defined deliverables, independent of, but complementary to, primary care at the Health Centre, it is important to outline the parameters that would qualify clients for discharge. In order to maximize the reach of SOS services and expand access to SOS for new clients, we will define a discharge process for clients who are lost to follow up, whose needs we are unable to meet with maximal supports and who are no longer being prescribed short acting opioids.

Purpose

The Discharge and Removal Protocol outlines the reasons and methods by which service in the SOS Program will be discontinued for clients.

Implementers

All SOS Program staff. The SOS Supervisor or a delegate will coordinate a client's discharge and the transfer to primary care (if desired) and communicate that to the client.

Protocols

The following conditions will result in a client's discharge or removal from the SOS Program:

1. **Client has stopped attending appointments for prescription**

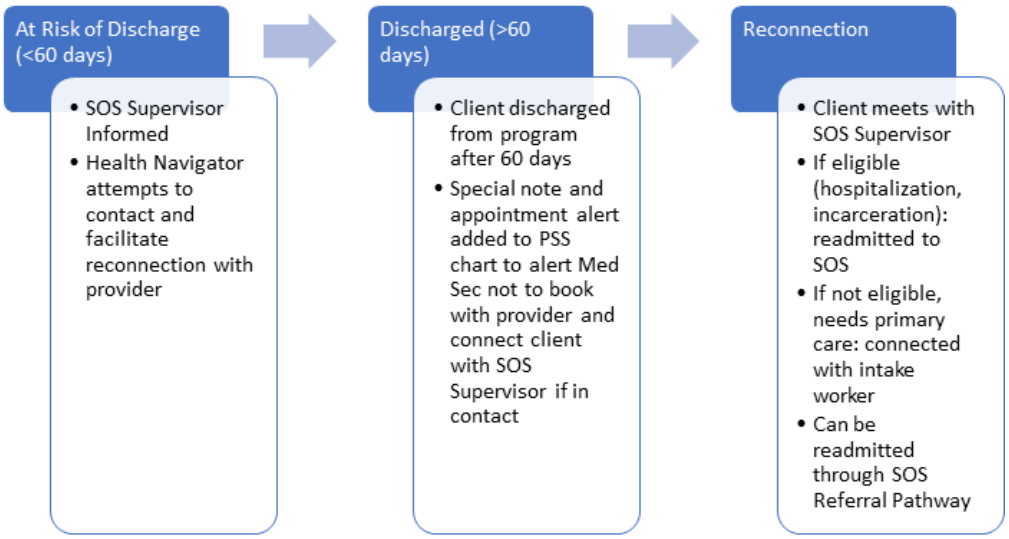
If a client has not attended an appointment in which they received an SOS prescription for 60 consecutive days, the client will be removed from the SOS Program and will no longer have access to services. The 60-day criteria applies even if a client has had contact with SOS program staff or other PQWCHC services within that timeframe to account for clients who may have brief contact with staff to arrange follow up but ultimately are unable to attend.

The exception is if the client is absent from the program because of hospitalization, incarceration or unique circumstances requiring a case conference for consideration by the team.

Procedure:

a. Clients who have missed two or more consecutive appointments, and/or have not attended an appointment in which they received a prescription for 30-55 days are flagged at the middle of the month by RNs to the SOS Supervisor, Case Managers, and Health Navigators (see Missed Appointments and Prescription Management Protocol). Clients who have not attended an appointment in which they received a prescription for 60+ days are also flagged, and that information is forwarded to the SOS Supervisor to initiate discharge.

b. Health Navigators, supported by Case Managers, attempt to reach clients absent for 30-55 days to notify them that their participation in the program is at risk unless they attend their next booked appointment. Discretion can be used for those clients who may regularly receive 30-day prescriptions and are unlikely to disengage.
c. If the client does not return for an appointment in which they resume their SOS prescription within the 60-day period, the client will be discharged from the SOS program. A note will be placed in the "special notes" portion of the chart reflecting the discharge status. An appointment alert will be placed in the chart to alert medical secretaries to avoid booking the client with an SOS provider, and to instead connect the client with the SOS Supervisor if they contact the clinic.
d. Should a client make contact with the program following discharge, they will be connected to the SOS Supervisor, who will assess if the client was disengaged due to hospitalization, incarceration, or a unique circumstance requiring case conferencing for consideration for readmission to the program.
e. If the client is not eligible for readmission to the program, the client will be offered connection to the Primary Care Clinic for management of primary healthcare needs. The client will be connected with the Intake Coordinator at the appropriate site, and connected with primary care at PQWCHC if eligible, or assisted to connect with care through other CHCs if more appropriate for the client's needs.
f. The SOS Supervisor will assist the client in connecting with a community OAT clinic if desired.
g. The client will be informed that they may pursue readmission to the SOS program via the SOS referral pathway.
h. SOS Supervisor and clinical team will confirm any new program places made available in the program because of discharge by the end of the month. (See Referral Protocol and Intake Protocol)



2. Client or prescriber has initiated a transition in care to discontinue hydromorphone

If a client no longer wishes to receive prescriptions for hydromorphone or their prescriber has determined they can no longer safely prescribe hydromorphone to the client, a continuity plan will be discussed with the client. The client will be informed by the prescriber that a 3-month transition-to-discharge plan will be initiated during which time connections to alternative care will be facilitated. The 3-month transition period ensures connections to other supportive services are made with the goal of maintaining social and medical supports as needed. Once the transition period has elapsed, the client will be considered discharged and will no longer receive services from the SOS Program, including wraparound supports.

Options for transition in care may include a transition to SROM-only, methadone or suboxone for OAT, or discontinuation of all opioid replacement therapy after discussion of the risks and benefits of discontinuing opioid replacement.

Procedure for Transition in Care

a. If the client is receiving both SOS and primary care from a "prescribing partner" (clinician who is not a full time SOS prescriber with the program), the client and prescriber can determine together whether ongoing primary care with the prescriber is appropriate.
b. If the client continues to receive primary care from the same prescriber and was previously using wraparound supports (case management, health navigation, counselling) from the SOS Program, the SOS team will facilitate connections to the primary care case management and counselling services if desired.
c. If the client is receiving care from a full-time SOS NP, or it is determined that the client requires a new primary care provider following discontinuation of SOS medications, the SOS team will connect the client with the primary care intake worker.

Rapid Re-Enrollment to SOS after a Transition in Care

Following a planned transition in care and discharge from SOS, occasionally a client may experience a change in needs for which rapidly reinitiating SOS would be indicated (e.g., relapse). A client is eligible for rapid re-enrollment to the SOS program within 6 months of their date of discharge. After this 6-month period has elapsed, the client must follow the standard SOS referral and intake pathway.

Procedure

a. If the client requests re-entry to SOS within 6 months of a planned discharge, the SOS Supervisor and the site-specific SOS NP will be immediately informed of the request for re-enrollment. The client will be booked with the SOS NP as soon as possible.
b. If the client is receiving primary care from an SOS "prescribing partner" and the client makes a request for re-enrollment in SOS to the "prescribing partner", the provider may immediately reinitiate an SOS prescription, and inform the SOS supervisor of re-enrollment in SOS.

c. Once re-enrolled, the client is now also eligible for services from the SOS wraparound team.

3. Client is not using their prescription (i.e., is selling or giving away their hydromorphone)

If a client is not using their prescription, their prescriber will discuss with them ways that they can be supported (e.g., switching to observed dosing, switching pharmacies for greater security). If they continue to not use their prescription, a case conference will be held with the SOS team for consideration for discharge. (See Diversion and Lost & Stolen Doses Protocol)

If the therapeutic relationship has been damaged, the prescriber may initiate transfer to another primary care provider and primary care case management and counselling at Parkdale Queen West CHC.

4. Persistent threats or serious verbal/physical harm to other clients/staff of the SOS Program

Each incident of threat/violence will be reviewed as a unique incident. In aiming to be low-barrier and trauma-informed, the program understands that SOS clients experience significant struggles and barriers daily. In cases of irregular concerning/problematic behaviour, the SOS case manager will lead a case conference including the client, to understand the precipitating factors that informed the moment of concerning behaviour. A support plan will be made to decrease conflict with SOS staff. If patterns of concerning/problematic behaviours persist and the coordinated support plan(s) are not successful in shifting behaviour, the client may face discharge from the SOS program. The SOS Supervisor will notify the client of their removal from the SOS Program and will notify the Health Centre of any required service restrictions (e.g., SCS). SOS Program staff will be advised not to book appointments with the client.

The SOS case manager will apply their discharge protocol in linking the discharged client to appropriate community supports. A note will be flagged in PSS by the clinical team providing update/context.

Related Documents

1. **SOS Referral Protocol**
2. **SOS Intake Protocol**
3. **SOS Missed Appointments and Prescription Management Protocol**
4. **SOS Diversion and Lost & Stolen Doses Protocol**

Care Coordination

Date of Issue: 2022-06-08 Date of Last Review: 2022-06-08

Background

Since the implementation of safer supply at Parkdale Queen West Community Health Centre, the SOS Program has had many iterations and periods of growth and development. At times, there have been incidents of gaps in communication and care planning with clients that have led to negative consequences that could have been prevented through more intentional care coordination. In applying our lessons learned we integrated two explicit care coordination practices, case conferencing and grand rounds, to ensure greater continuity of care for SOS clients. Both are designed to elicit cross-team and client perspectives to generate a comprehensive care plan that can address health and social needs which consider various elements of each client's circumstances.

Purpose

Increase formal communication amongst SOS teams to provide greater client care coordination and utilize each SOS role to address the health and social needs of all SOS clients.

Implementers

All SOS staff, including part-time primary care SOS providers.

Protocols

1. **One-one Case Conferencing**
4. One-on-one case conferencing is required in cases where a client's circumstances become more complex and the client requires a supportive shift in approach, or a client's participation in SOS is at risk (unrelated to an autonomous choice made to withdraw from the services of the program) (See SOS Discharge and Removal Protocol)
5. Any staff member can request a case conference. Staff are required to invite all SOS team members active in the relevant client's care.
6. Facilitation and documentation of the case conference is the role of the SOS Case Manager, who is to use the PSS stamp (see Appendix A) to guide the conversation.
7. The Case Manager is required to set a follow-up meeting to ensure the presenting concern is resolved and no further action is required. All SOS staff are required to complete their assigned task prior to the following meeting.

2. **Grand Rounds**

- Grand rounds are an interprofessional review of each client on SOS to review medical, psychosocial, and case management needs as a team, and to strengthen coordination of care.

- Grand rounds are held once every three months and provide an opportunity to review each SOS client case to ensure that their health and social care needs are comprehensively being met by the SOS team
- SOS NPs or RNs facilitate grand rounds and seek contributions from each member of the team
- Case Managers, nurses, and providers will populate the relevant sections of the Grand Rounds PSS custom form ahead of grand rounds, and ensure that it is pinned as a Special Note in the client's chart. (See Appendix B: PSS Grand Rounds Custom Form)

Related Documents

1. **SOS Discharge and Removal Protocol**
2. **SOS Missed Appointments and Prescription Management Protocol**
3. **SOS Missed Doses Prescription Management Protocol**

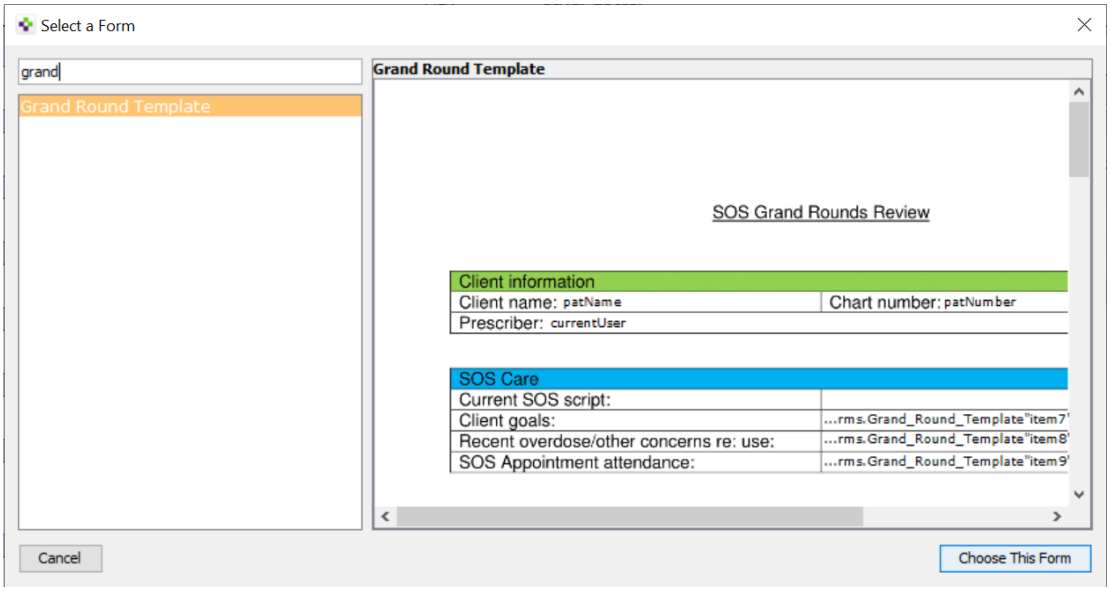
Appendix A: PSS Case Conferencing Stamp

Client «present» «absent» during case conference today	
SOS team members present:	
Concern raised by: SOS RN, SOS Prescriber, Case Manager, Health Navigator	
Concern:	
Barriers/Challenges for Client:	
Barriers/Challenge for SOS staff:	
Supports:	
SOS Staff input:	
SOS Prescriber:	
SOS RN:	
Case Manager:	
Health Navigator:	
Identified Goal:	
Next Steps:	

Appendix B: PSS Grand Rounds Custom Form

Process to complete a Grand Rounds custom form:

a. Select add New Custom Form
b. Search “Grand Rounds Template”
c. Select “Choose Form”
d. Once the Grand Rounds Form is added to the chart, right click on the date and select Make Into Special Note.



Working in Community

Date of Issue: 2022-04-25 Date of Last Review: 2022-04-25

Background

The expansion of work into community settings is growing across PQW, and Harm Reduction Services is leading this growth. Given the rapid expansion, we have collected a significant amount of information around what parameters are required to ensure the greatest degree of safety while working in community.

The goal of SOS is to reduce destabilizing factors and support continuity of care regardless of changes in social determinants of health, including housing status. It is important to create comprehensive care plans where health and social care is brought to a client's residence when needed, or they can travel to attend appointments at PQWCHC's fixed sites.

Purpose

With the evolving landscape comes specific risk that needs to be factored into the work to ensure optimal health and safety for both clients and staff while working independently. This protocol outlines the steps for SOS Program staff to mitigate the risks that naturally arise when working in community.

Implementers

All SOS Program staff who have a mobile component to their work, including NPs, RNs, Case Managers, Counsellors and Health Navigators.

Protocols

Definition: Community Environments

- The expectation, when working in a mobile function, is to meet the client where they are at. Mobile services are geared towards responsiveness to emergent substance use needs in community.
- What can be defined as a "community environment" is any location outside of PQWCHC's fixed site addresses (168 Bathurst St, 1229 Queen St West, 552 Adelaide St West and 27 Roncesvalles Ave).
- Community sites most frequented are:
    i. Shelters
    ii. Respites
    iii. Shelter Hotels
    iv. Encampments
    v. Hospitals
    vi. Detention Centres
    vii. Drop-Ins
    viii. Streets and Alleyways

ix. Private Residences

Working Alone in a Community Environment

- Every SOS Program staff member has the right to a safe working environment. Therefore, it is each staff person's responsibility to use their good judgement in terms of engaging/exiting what they perceive as an unsafe situation in a community environment.
- Microsoft Outlook procedures:
    i. Every staff member will enter their scheduled appointments/meetings (including location) into their Microsoft Outlook calendar.
    ii. All calendars will be shared with the direct supervisor.
- Meeting clients in their homes/dwellings/apartments:
    i. Staff will never meet with a client in their home upon first contact.
    ii. Staff are responsible to assess if/when it is safe to meet with a client in their home (this will be done in communication with their direct Supervisor).
    iii. When meeting a client in their own home:
        1. If a staff member feels unsafe in the home, they will offer to meet with the client in a public space; if the client refuses, the staff member will proceed with rescheduling the meeting.
        2. Staff members must be aware of all exits and ensure no barriers are between themself and the exit.
        3. Footwear is to be worn at all times due to potential health and safety risks within the home.
        4. If a client escalates/becomes agitated while meeting, it is at the staff member's discretion to continue or end the meeting.
- Staff must leave a meeting immediately if they perceive the situation to be unsafe.
- Staff must follow communication procedures. (See SOS Communication Protocol)

1. **Safe Locations Strategies**
    - At times, staff will encounter situations that will require a recalibration around direct contact with clients. Some individuals may be residing with a person of concern, other clients may have presented behaviours that are not conducive to working privately, and in other circumstances, the physical environment may be challenging.
    - Each situation that presents a safety concern needs to be shared with the staff member's direct supervisor. The staff and supervisor will complete a safety risk assessment and determine the most appropriate way to provide continuing case support while ensuring universal precautions are adopted to protect staff safety.

2. **Accompaniments**

- Accompaniments are strictly limited to 'one off' appointments that are categorized as unique. Accompaniments are a time-limited supportive intervention that assists a client in attending essential appointments to support stabilization and overall wellness. Examples of such appointments are:
    i. Specialized medical appointments
    ii. Housing
    iii. Legal Child Welfare
    iv. ID
- Working towards independence
    i. SOS staff support clients to increase their ability to expand their capabilities around tasks of daily living and are expected to support clients moving towards greater travel independence.
    ii. Our goal is to reduce the need of accompaniments by creating a supportive schedule to assist the client in taking steps towards traveling independently.
- Equitable distribution of support
    i. Clients with greater instability often require more time and support. It is important for staff to equitably consider the clients who have had little or no contact with SOS staff when they allocate time with SOS clients.
    ii. An inventory of needs for all SOS clients needs to be compiled, maintained and scheduled in order to appropriately allocate time and support. This practice is also supported by SOS Grand Rounds.
    iii. It is advisable to set up a broad circle of care for resource-intensive clients to be able to increase their connection to multiple programs.
- Requesting Wraparound Accompaniment
    i. The request for accompaniment support is to be made to the Case Manager through PSS message. The Case Manager is the lead coordinator of care and responsible for understanding the follow-up needs that may arise from an accompaniment.
    ii. Given the unique experience and participation of all SOS clients, the Case Manager will engage the Health Navigator to support accompaniments where appropriate.
    iii. If the SOS client experiences significant complexities (e.g., frequent ODs in public, behavioural concerns, complex medical concerns) the Case Manager will assume responsibility for the accompaniment or coordination for transportation.
    iv. All detailed information pertaining to the accompaniment request must be provided to the Case Manager (See Appendix A: PSS SOS Accompaniment Stamp)
    v. If the appointment is outside of working hours, approval needs to be given by the direct supervisor 48 hours prior to the appointment.
    vi. Last-minute requests for accompaniments outside of regular working hours will be denied.

vii. If an off-hours accompaniment is approved by the direct supervisor, the Case Manager or Health Navigator is expected to flex their working hours that day.

- Documenting the accompaniment in PSS:
  i. Open client record.
  ii. Select SOS Wrap Around Encounter.
  iii. Specify type of encounter in toolbar.
  iv. CTRL+I, select “SOS accompaniment.”
  v. Complete SOS Accompaniment template.

Related Documents

1. **SOS Communication Protocol**

Appendix A: PSS SOS Accompaniment Stamp

SOS Accompaniment

PSS #
Type of Appointment:

Appointment date/time:

Provider of service:

Address of service:

Contact # of provider:

Client pick-up location:

Client pick-up time:

Approximate duration of accompaniment:

Additional Information:

Outcomes:

Communication

Date of Issue: 2022-04-25 Date of Last Review: 2022-04-25

Background

The expansion of work into primarily community settings is growing across PQW, and harm reduction services is leading this growth. Given the rapid expansion and program growth, we have collected a significant amount of information around what parameters are required to ensure the greatest ability to function as a team and provide high-quality service to all our SOS clients.

Purpose

Maintain communication standards that enable accountability, transparency, and responsiveness within the team to optimally support SOS clients

Implementers

All SOS staff

Protocols

Definition: "Mobile staff" includes all Health Navigators, Case Managers, and Counsellors who do off-site work as well as all Mobile Team members. "Non-mobile staff" includes RNs and RPNs.

1. **Check-Ins / Check-Outs**
    - Check-in for mobile staff:
        i. At the beginning of their shift, all SOS staff are expected to check in with their starting location over Microsoft Teams in the Group they were assigned.
        ii. The content of the initial check-in is to provide an overview of their scheduled day.
        iii. Knowing that the nature of our work rapidly fluctuates within the day, staff are expected to update their details and expected time away on Microsoft Teams when they change locations.
    - Check-out for mobile staff:
        i. At the end of their shift, all SOS staff are expected to check-out within their assigned group on Microsoft Teams.
        ii. If your supervisor does not hear from you, they may contact your personal number to ensure that you've concluded your workday.
        iii. If your supervisor is unable to reach you on your personal number, they may reach out to your emergency contact.
    - It is the responsibility of the Supervisor/Manager to follow up with any staff who do not check out at the end of the shift.
    - If you anticipate working beyond your regularly scheduled hours, you need to connect with your direct supervisor to get approval and submit an organization plan for your supplementary hours.

- Check-in/Check-out non-mobile staff:
    i. It is the responsibility of all non-mobile SOS staff to inform their direct supervisor when meeting with client(s) in the community, providing estimated time of appointment completion.
    ii. This away time should be communicated in the site-focused case conference Microsoft Teams group chat as well as with the floor-focused site group.
- At the end of the appointment in community, it is the responsibility of the employee to check out with their direct supervisor via text message or phone call.

2. Check-Out Template

Copy and paste the information from the "SOS Accompaniment" stamp adding the PSS client #

PSS Number:	**55555**
Type of Accompaniment:	**Post-Biopsy Follow Up**
Location:	**Toronto Western Hospital**
Time of Appointment:	**3:15pm**
Duration of Accompaniment:	**3hrs**
Client Meeting Location:	**Spadina Subway Station**

3. Planned and Unplanned Coverage Requests

- All SOS staff are responsible for their scheduled appointments. Should a staff unexpectedly be away from work, they are to contact their direct supervisor and provide them with a detailed account of their work responsibilities. If the staff member can delegate their work to a colleague, they are required to provide all relevant details of their scheduled appointments. If the staff member is unable to delegate, their direct supervisor will make the necessary contact with supporting staff and clients.
- If there is planned time off, all SOS staff are required to fill out the Wraparound Team Time Away Coverage Document. Once the document has been completed, it needs to be sent to each team member of the team including the direct supervisor.

4. Out of Office Autoreplies

- All staff are required to set out-of-office autoreplies during their period of absence. The message should contain:
    i. away and return date, and
    ii. The name and role of person(s) delegated to support your work while away.

5. Off-Hours Work

- Working outside of scheduled work hours can only occur with approval of the direct supervisor.

- If you anticipate needing to extend your work hours due to unforeseen circumstances, please notify your direct supervisor as soon as you are made aware of these changing circumstances.
- In the event of an emergency response, please notify your direct supervisor as soon as possible.

6. Incident Reporting

- Emergency response and behavioural incidents are elements of work that all team members come across. It is important to understand what an emergency is and how to communicate such events.
- Below are situations that would require immediate incident reporting:
    - **i.** Any situation where EMS is involved – please ensure that badge numbers are captured for incident reporting
    - **ii.** Any situation where the is a direct threat to the client or staff's safety
    - **iii.** Any medical emergency that occurs at PQW or in community (inclusive of overdoses)
    - **iv.** Any situation where problematic behaviour escalates rapidly leading to the application of crisis intervention tools
    - **v.** Any situation that involved a breakdown in communication with a community partner leading to increased conflict

7. Documentation and Storage

- We are obligated under the law to protect the privacy and confidentiality of our clients. All personal health information needs to be protected under a double locked system (e.g. office door + filing system or login credentials + password protection)
- If we encounter a privacy breach, we are required to report it to the information and privacy commissioner of Ontario. The client will also be directly notified of the breach by PQWCHC's Privacy Officer, Maureen Gans.
- No client personal health information shall be brought home by any staff member. If staff are out in community, they will need to ensure that they return to PQW to appropriately store client documents.
- Hard copy client documentation should be organized and kept in an accessible location for other program staff, especially in the event of an unplanned absence.
- Soft copy documentation is required to be up to date within 48hrs of every client interaction or by day's end on Friday (whichever comes first).

8. Manager On-Call

- PQW has implemented a manager on-call system between the harm reduction management team.
- The manager on-call schedule is available on the Staff Hub.

- This is to support off-hours emergency management, particularly for weekend work for the SCS and MOVID, but is accessible to any harm reduction staff requiring management support.

Related Documents

1. **SOS Working in Community Protocol**
2. **SOS Wraparound Time Away Template**
3. **PHIPA Legislation**

Client Death

Date of Issue: 2022-04-25 Date of Last Review: 2022-04-25

Background

Within Urban Health and Harm Reduction services at Parkdale Queen West Community Health Centre, client loss is unfortunately a frequent occurrence. There has never been a written plan of communication when learning of a client's passing. There have been many unintended negative consequences for staff in cases of poor communication around passing, including the experience of exclusion or de-prioritization.

A particular challenge that emerges is which information is available to staff after a client's passing. Next of kin/executor of the estate become the custodian of personal health information (PHI) once a person has passed away. As a health centre, we are bound by Ontario's Personal Health Information Protection Act (PHIPA). There are many times that we do not have access to further information surrounding the death because the executor (e.g., next of kin) has not chosen to engage with health and social service providers. This can be challenging for staff when seeking closure or grieving the loss of a client.

Purpose

To provide a clear and consistent process around communicating the loss of a client.

Implementers

All PQWCHC staff

Protocols

1. **Being informed of a death**

   The information provided around the passing of a client requires a high level of sensitivity and thoughtfulness.

   - Sources:

     There are several ways in which we become aware of a death. We need to understand the credibility of the source.

     i. Social media: Many times, false information is most easily spread over social media. Social media is not a credible source of information. The unconfirmed spread of social media information can cause significant community harm. It is advised to check in with your direct manager if you hear something through social media to engage in a confirmation process.
     ii. Other sources: Credible sources include firsthand knowledge from community, friends, family, other health, or social supports.
   - Person with knowledge:

i. Staff: Knowledge of a client death needs to be shared promptly with the direct manager to ensure that a communication plan is arranged and shared with staff. It is highly discouraged to share information of client death without a formulated plan with your direct supervisor as this can results in confusing messages and staff missed
ii. Managers: Knowledge of a client death will be shared with the management team to create a communication plan for staff and any closely known clients.

2. Confirmation of the death

a. It is advisable to confirm client deaths with the coroner's office. We are not guaranteed to receive information, but they can usually confirm or disconfirm the passing of an individual.
b. Any staff can confirm with the coroner's office. Direct supervisors will reach out to the coroner's office if staff prefer.
c. Cause of death is not always disclosed or confirmed.

3. Sharing the information of the death

a. **Staff:**
   i. Clients of the centre often access multiple programs. Once the death has been officially confirmed, the manager initially informed will reach out to the management team to inform them of the death.
   ii. Each manager is responsible for reaching out to their respective staff.
b. **Program members/clients:**
   i. Client death is a sensitive discussion as clients are legally entitled to privacy and confidentiality post-mortem.
   ii. In finding a balance, it is appropriate to share general information around a client loss within a close community (Indigenous community, peer networks, etc.). Staff and managers can discuss who needs to be told and how best to deliver the news.

4. The right to privacy and confidentiality for clients who have passed away

a. All individuals have a right to privacy and confidentiality post-mortem. This includes the collection and dissemination of personal health information (PHI). This means that additional PHI that arises post-mortem can solely be requested and shared by the executor of the client's estate (aside from confirmation of death from the coroner).
b. After a client passes away the agency completes PSS audits. Under no circumstance may a staff member access a client's chart in order to verify or share PHI. This serious breach of privacy and confidentiality may result in termination.
c. It is essential to note that any executors become the custodian of PHI and determine who they choose to share information with.

d. Coroners and investigators may not be able to provide details surrounding the death, especially if there is concern of foul play as it is considered an open investigation.
e. The executor (e.g., next of kin) has the right to determine who has access to the information. Many times, the executor of the estate chooses not to engage health and social supports (e.g., to share funeral arrangements or toxicology reports).

5. Event commemorating the client death

a. PQW programs are committed to organizing an event that honours and commemorates the client who has passed away.
b. All staff are welcome to lead or organize these events. Staff are encouraged to express their desires and needs around grief, celebration, and commemoration with their direct manager if they are not organizing the event.
c. PQWCHC will engage a third party when appropriate to lead the facilitation of events to reduce the burden on staff.
d. Staff and clients may have needs around cultural safety when in spaces of grief and commemoration. Direct managers will work as best as possible to honour the requests of staff that have been shared.
e. It is important to acknowledge that everyone processes losses differently and express different needs around events of loss. Staff are encouraged to connect with their direct manager to make individualized grief plans to ensure that they are given opportunity to grieve in a way that provides grounding.

Related Documents

1. **Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A (ontario.ca)**