

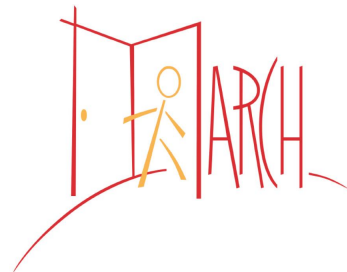


# The Addiction Recovery and Community Health (ARCH) Team

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Clinical Professor, Department of Emergency Medicine



EMERGENCY

# A New Model of Care

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



# Inner City Health and Wellness Program

## MISSION:

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



**CLINICAL CARE**

Addiction Recovery  
and Community  
Health (ARCH) Team



**RESEARCH**

Led by Dr. Elaine  
Hyshka, School of  
Public Health, and Dr.  
Ginetta Salvalaggio,  
Faculty of Medicine  
and Dentistry,  
University of Alberta

**EDUCATION**

Front Line Education  
Symposia  
Electives

# Guiding Principles

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



# Purpose of the ARCH Team

- Turns an emergency department visit or hospitalization into an opportunity for someone to receive treatment for their substance use disorder AND their acute medical problem
- ARCH Teams provide comprehensive, evidence-based management for all substances of use, interventions to maximize social determinants of health, health promotion activities, and linkage to community and primary care
- Consult service model (team members go *to* the patient where they are in the hospital site)





# ARCH Multidisciplinary Teams

- The ARCH model relies upon utilizing a broad group of staff members who are able to work to the full scope of their practice
- Physicians with a variety of backgrounds (e.g., general practitioners, emergency medicine, psychiatry, internal medicine, anesthesia)
- Peer Support Workers
- Social Workers
- Addiction Counsellors
- Nurse Practitioners
- Registered Nurses
- Licensed Practical Nurses
- Clinical Nurse Educators
- Unit/Program Managers
- Administrative support
- Data analysts, evaluators



# Addiction Recovery and Community Health (ARCH) Team



- Development of a standardized intake and assessment procedure
- Comprehensive, evidence-based addiction management for all substances of use
- Interventions to Maximize Social Determinants of Health
  - Housing, income support, ID
- Health Promotion activities
  - Screening for sexually transmitted and blood borne infections, PAP smears, immunizations, IUD insertions
- Linkage to community and primary care

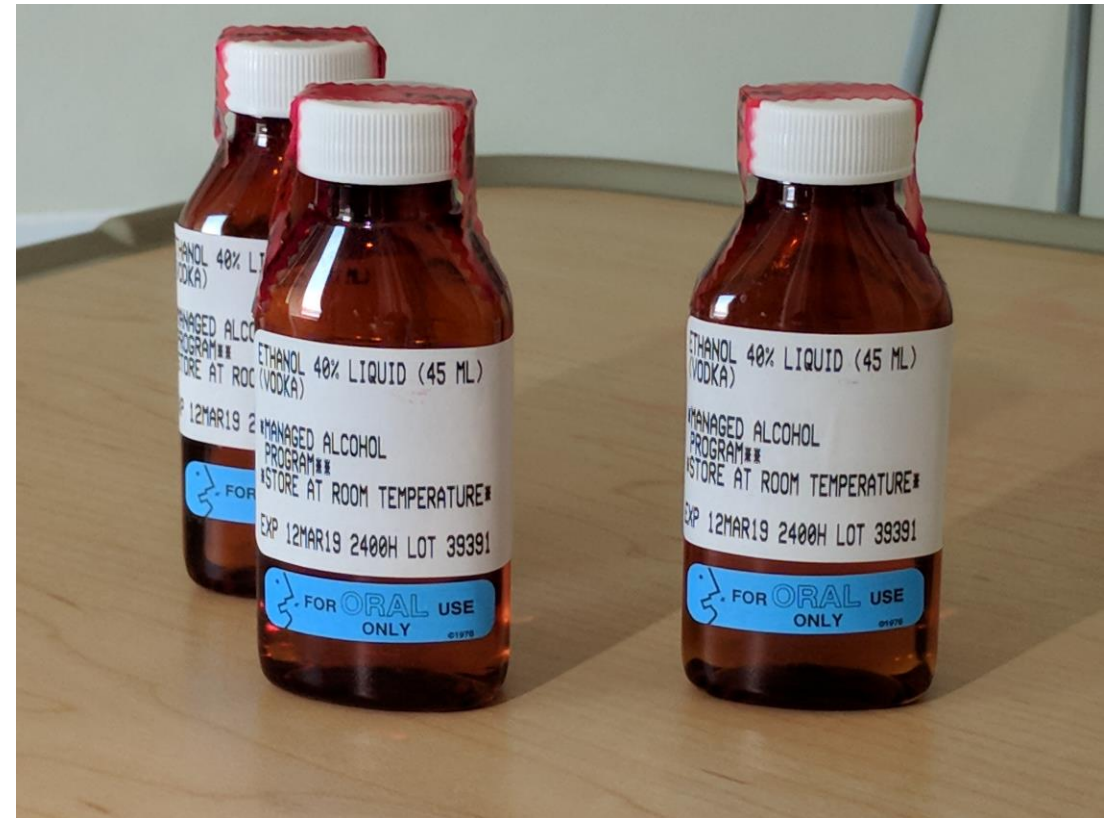
# Addiction Recovery and Community Health (ARCH) Team



- Comprehensive, evidence-based addiction management
  - Treatment of complicated intoxication and/or withdrawal
  - Initiation or maintenance of opioid agonist treatment (buprenorphine, methadone, slow release oral morphine, injectable opioid agonist treatment)
  - Supervised consumption service
  - Managed alcohol program
  - Counseling, motivational interviewing, relapse prevention, treatment referrals
  - Identification and referral for co-morbid mental health conditions

# Managed Alcohol Program

- Patient eligibility criteria
- Patients have to sign a 'Patient Agreement'
- Assessed for intoxication prior to each dose



# Supervised Consumption Service

- For **inpatients and ED patients** only
- Risks, benefits, alternatives and consequences of using the service are discussed
- Patients sign:
  - Patient agreement
  - Consent form
- Injection, intra-nasal and oral use are permitted

# Supervised Consumption Service



# Injectable Opioid Agonist Treatment (iOAT)

- High intensity treatment option for patients unable to stabilize on oral options
- For patients with severe and ongoing medical and social consequences related to injection drug use
- Patients self administer hydromorphone (IV or IM) under direct nursing supervision two to three times per day

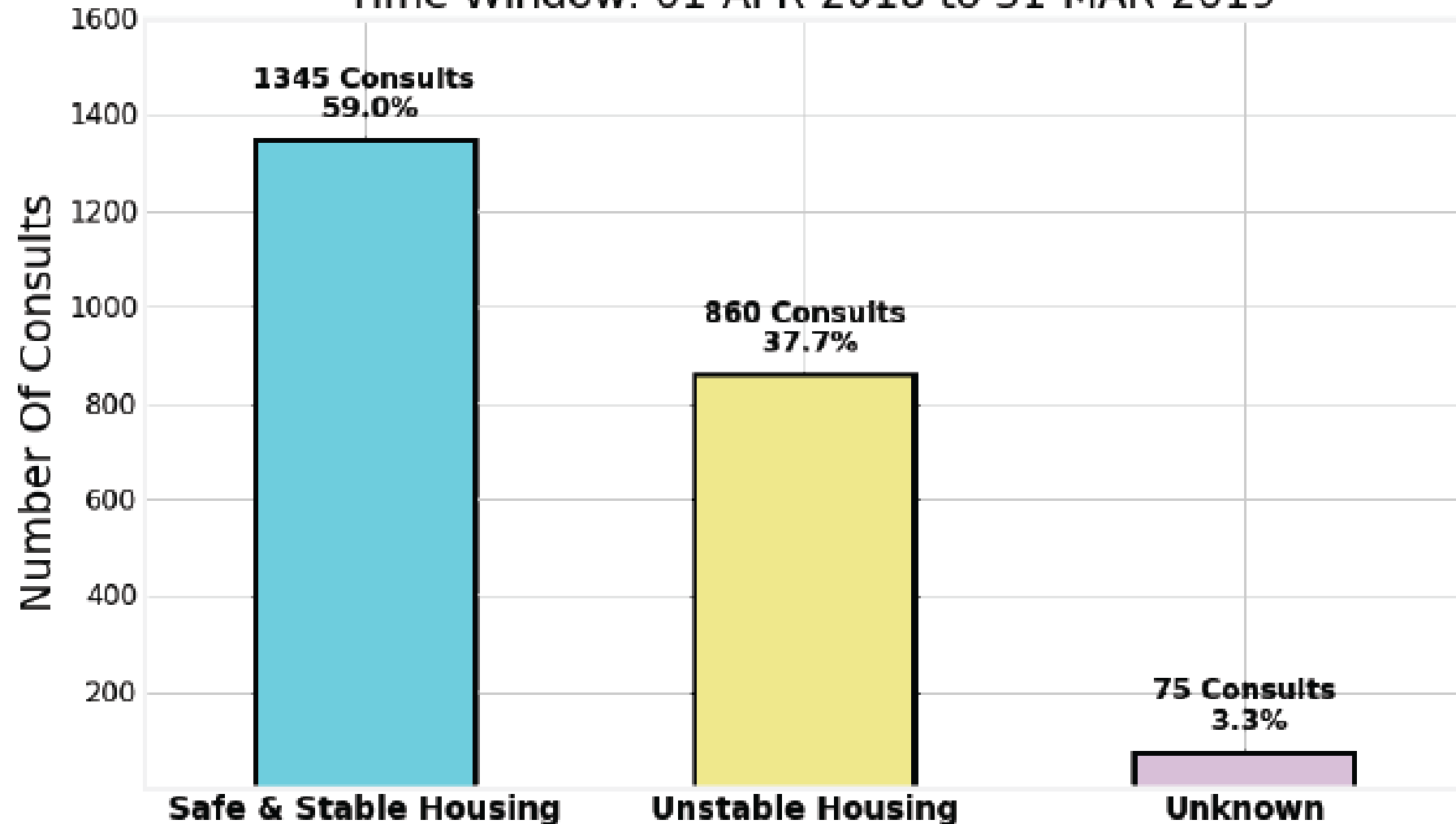




- Stabilization of social determinants of health
- Follow up of active addiction-related issues
- Ongoing withdrawal management
- Bridging to opioid agonist treatment program
- Follow up of tests performed in the hospital

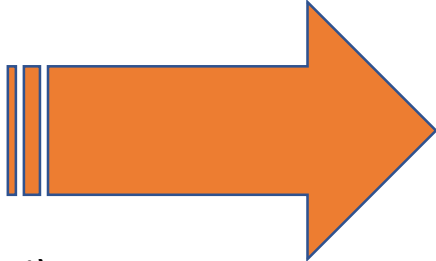


Housing Status For ARCH-RAH Site Patients  
Percentages Are Calculated Relative To Completed Consults  
Time Window: 01-APR-2018 to 31-MAR-2019



# ED Process

Patient seen in ED with opioid overdose, withdrawal, other complication



Patient seen in ED with opioid overdose, withdrawal, other complication

Patient identified as at risk by ED MD or bedside RN or ARCH RN

ARCH RN Involved  
Patient transferred to ARCH clinic as soon as medically stable to ↓ ED LOS

Take-home naloxone kit (<50%)

Counselling re OAT?

ED initiated OAT?

ARCH Clinic referral?  
(20% show rate)

Take-home naloxone kit

Counselling re OAT

ED initiated OAT  
(buprenorphine, methadone or SRM)

ARCH Clinic Referral


# Key Partnerships

- Community Advisory Group
- Hospital staff
- Community based health care
- Housing
- Identification
- Community and Social Services
- Edmonton Police Service



45 year old male, longstanding substance use history including weekly alcohol use, daily IV methamphetamine and opioid use. Previously treated for left knee septic arthritis, now admitted with a stab wound to the left chest. Hepatitis C positive, HIV positive, not on treatment. Multiple incarcerations, no permanent housing for the past 20 years. Only income is from the drug trade, no ID / AHC card, no medication coverage. Ongoing drug use in hospital. Found unresponsive in hospital bed likely due to unintentional opioid overdose when pain not well managed.

## BEFORE

- 
- AMA with ↑ risk of complications and death
  - Ongoing high risk drug use in hospital with ↑ risk of OD, infection, death
  - Loss of tolerance and ↑ risk of death after discharge

## AFTER with ARCH Team

- Immediate access to sterile injection equipment, supervised consumption services, naloxone kit
- Immediate OAT initiation with acute pain management by an addiction medicine specialist
- STBBI screen, personalized vaccination review
- Inpatient counselling & peer support
- Income support application including medication coverage, ID/AHC via brokered access to on-site ID program
- Housing first referral
- Treatment for chlamydia and immunizations prior to discharge (Pneumovax, Twinrix)
- Alternative to Warrant Application Program
- Peer support accompaniment to first PCP appointment for transfer of care

# Key Points

- Acute care environments can be high risk for patients who use substances *or* a key point of contact with the health care system
- Evidence-based substance use management and social stabilization can be integrated into hospital environments

# Questions?







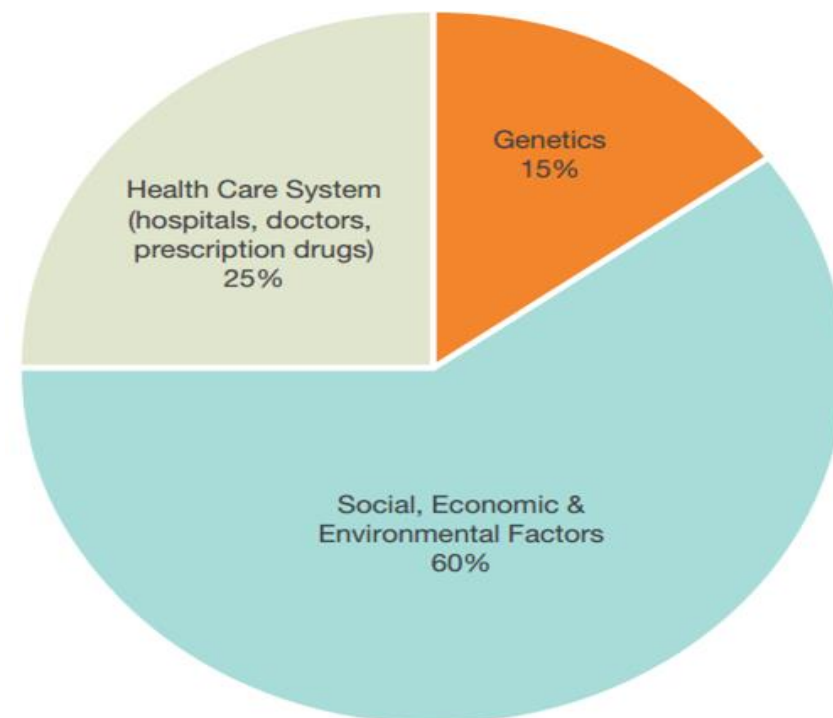
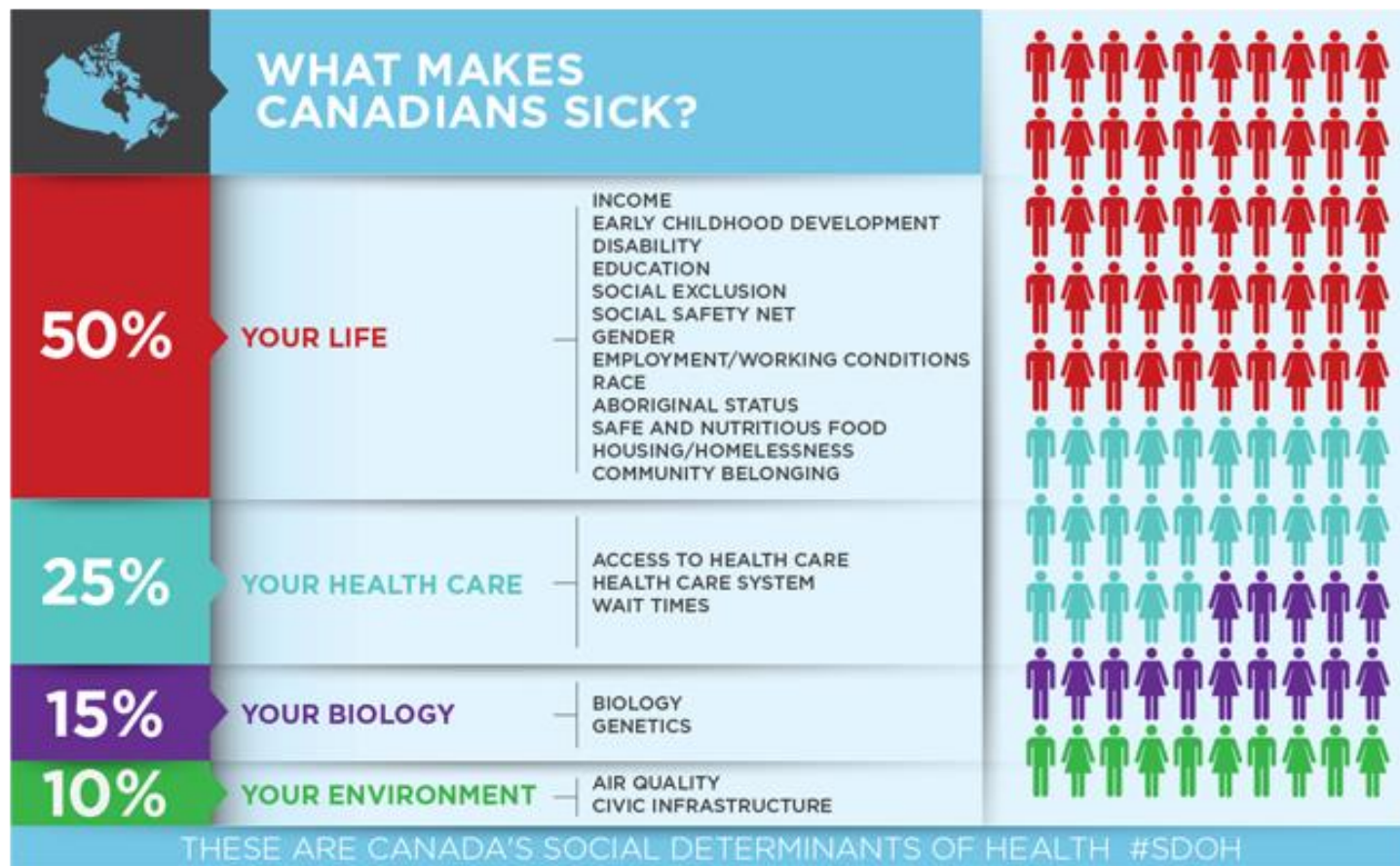
Moving Beyond the Medical:  
Wraparound Supports and Bridging to  
Community Care for Patients Experiencing  
Homelessness

# ARCH and Social Determinants of Health



# INFOGRAPHIC: What makes Canadians sick?

by Canadian Medical Association  
date posted June 25, 2013



# Social Work Assessment

- **Family** (ie. supports, isolation, dynamics)
- **Accommodations** (ie. safety, stability, security, environmental health)
- **Income** (ie. funding, medication coverage, employment, taxes)
- **Health** (ie. healthcare insurance, relationship with providers, appointments, followup)
- **Mental Health** (ie. history, concerns, counsellors)
- **Early Childhood Development/Brain Injury** (ie. PDD? Supports)
- **Addictions** (ie. history, concerns, counsellors, what worked/didn't work)
- **Legal Issues** (ie. addressed, outstanding warrants/tickets, concerns)
- **Identification issues**

# Collaboration and Partnerships



# Collaboration for Housing

## **Housing First Collaborative Project**

- Pre screening and referral to housing first from the hospital
- Exploration of transitional housing upon discharge
- Prioritizing high risk patients for access to housing for them and their families
- Screening patients who may already be on the list

# Collaboration for Housing

- Women's Emergency Accommodation Centre (WEAC)
- Hope Mission
- Herb Jamieson Centre
- George Spady
  - Detox
  - SpadyPOD
- AHS Addiction and Mental Health Housing Supports



# Collaboration for Housing

## Environmental Public Health

- Screening for safe and adequate housing on intakes
- Ability to refer to a program coordinator to explore safety of housing, tenant rights, etc.

**Housing:**       Not asked       Unknown

Safe, stable housing to return to after discharge:  
     Permanent       Temporary  
         Rent  
         Own

Unstably housed:  
     Has housing but unsafe  
     Homeless

Housing Checklist:  Not indicated

Have you seen bed bugs, cockroaches and/or mice in your place?  
 Yes       No       Not asked

Is your place warm enough?  
 Yes       No       Not asked

Can you lock your door?  
 Yes       No       Not asked

Do you have windows that open and lock?  
 Yes       No       Not asked

Is there a smoke detector in your place?  
 Yes       No       Not asked

    If yes, does it work?     Yes     No       Not asked

Do you think someone should inspect your place because it is not safe?  
 Yes       No       Not asked

# Partnership with Human Services

- Human Services Homeless Transition Coordination has partnered with ARCH to coordinate access to programs under their ministry.
- This is meant to support homelessness initiatives and can help identify eligibility and access to resources and services across the different programs
  - ✓ Income Support
  - ✓ Barriers to Full Employment
  - ✓ Assured Income for the Severely Handicapped
  - ✓ Office of the Public Guardian/Trustee
  - ✓ Persons with Developmental Disabilities
  - ✓ Child & Family Services
  - ✓ Family Supports for Children with Disabilities
  - ✓ Homeward Trust
  - ✓ Housing First Agencies

# Collaboration for Health Care

- Primary Care Providers
  - Boyle McCauley Health Centre
  - Indigenous Wellness Program at RAH
  - East Edmonton Family Care Clinic
- Addictions Care
  - Addiction Services Edmonton, Addiction Recovery Centre, Mobile Outreach Addiction Team, George Spady, opioid dependency programs
- Mental Health Care
- Community agencies that provide health services
  - Herb Jamieson/Hope Mission, Women's Emergency Accommodation Centre, Streetworks, community pharmacies and others
- Other AHS programs (Northern Alberta Program...)

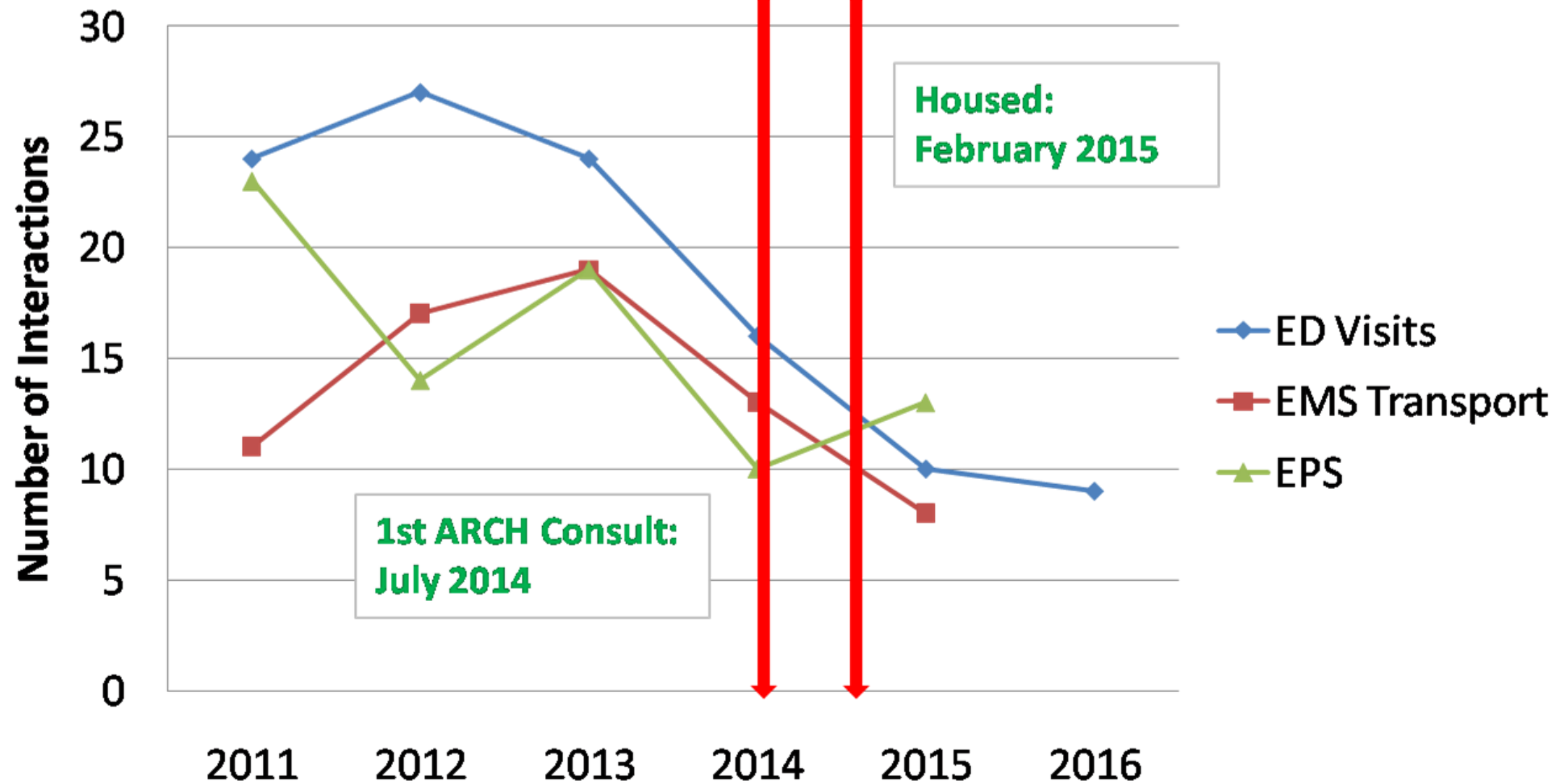
# Legal Services

- Heavy Users of Services (HUOS)
- Center to End All Sexual Exploitation (CEASE)
  - Vice team
- Alternative to Warrant Apprehension Project(AWAP)

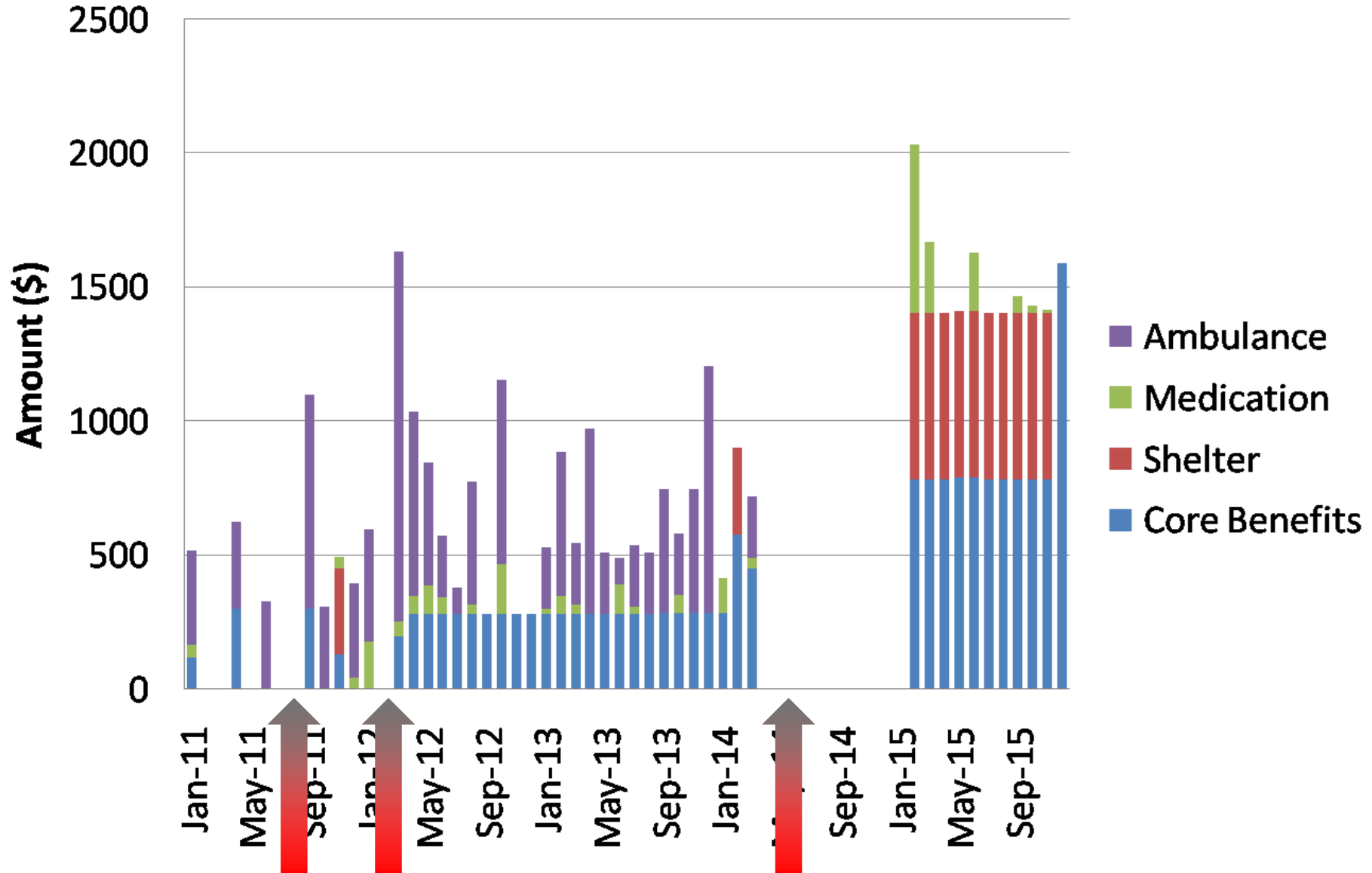
# Case Studies



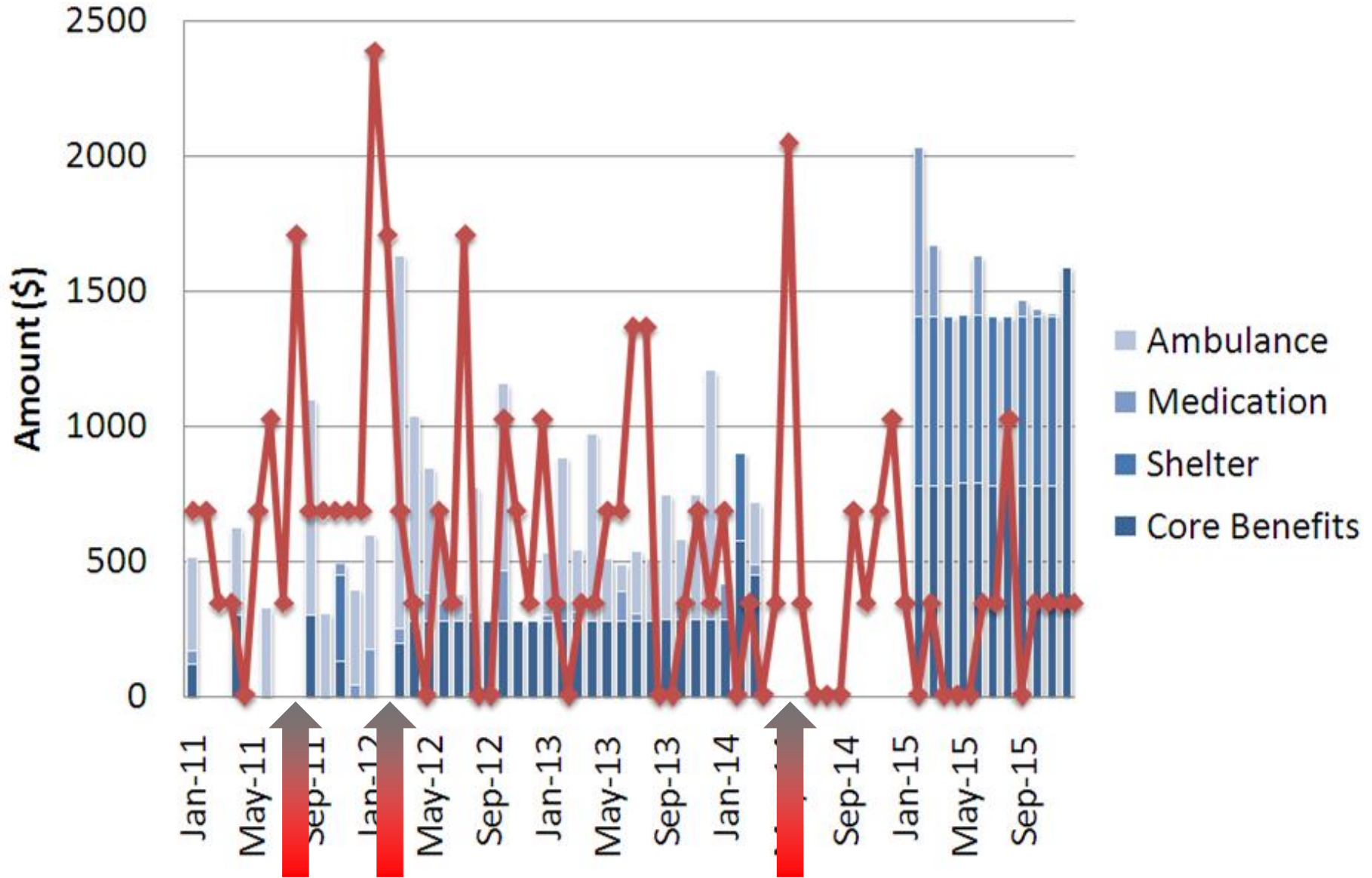
# Hospital, Ambulance and Police Interactions



# Income Support Benefits

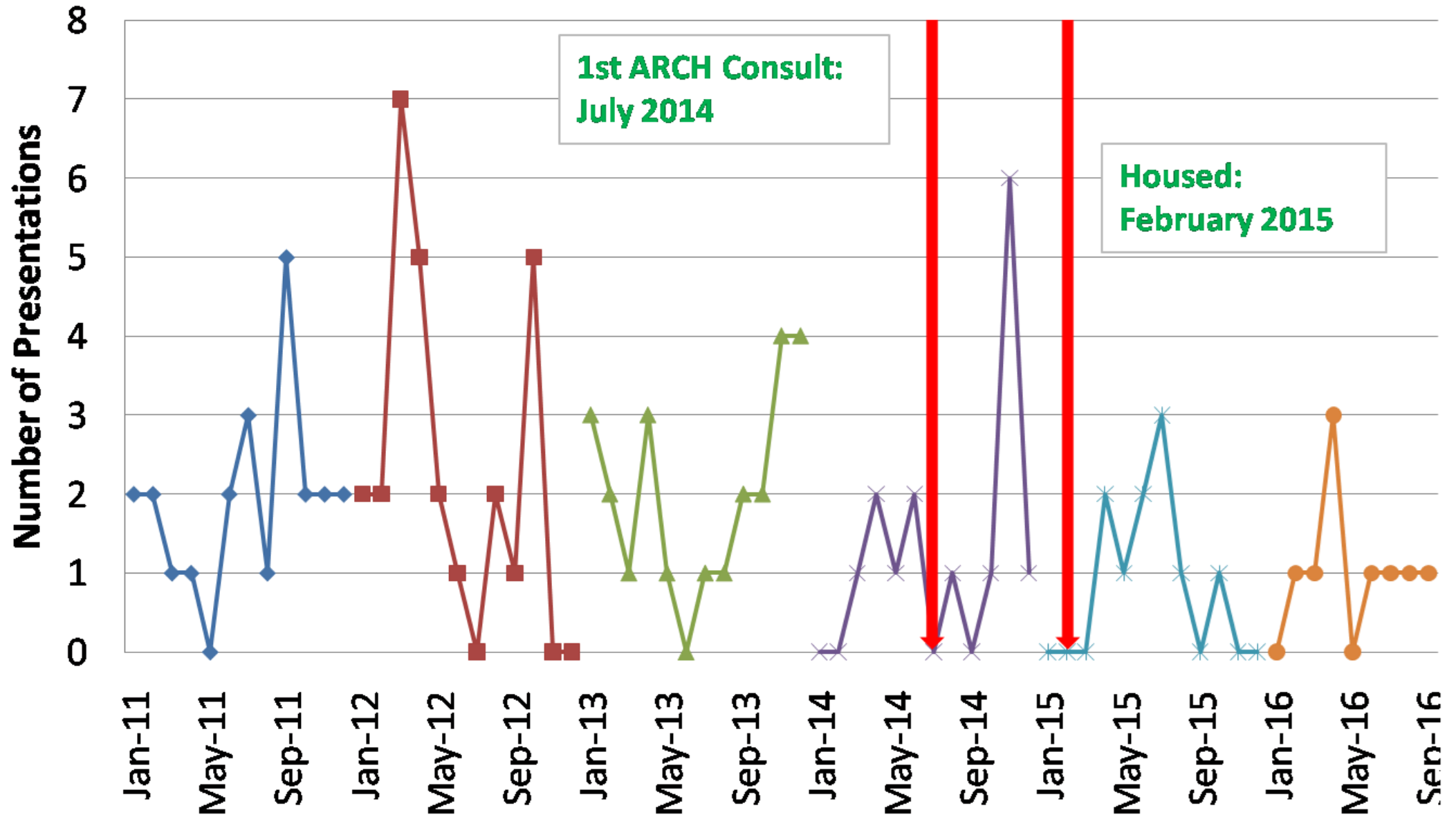


# Income Support Benefits





# Emergency Department Visits by Month







# Peer Support in an Acute Care Setting

**“BREAKING  
THROUGH, I’VE BEEN  
WHERE YOU HAVE  
BEEN”**

# Peer Support in an Acute Care Setting

- \* Gifts of lived experience allow us the opportunity to break through to patients that otherwise would not be willing to speak to other care givers
- \* “Lived Experience” in our role, is that we had a past with addiction, I can not speak for my counterparts, but for myself……

# Peer Support in an Acute Care Setting



We the PEER SUPPORT WORKERS see patients:

- \* in-patient (on the floor as we like call it)
- \* The Emergency Room (front or back)
- \* Complex Medical Detox (CMD)
- \* ARCH Out-Patient Clinic

# Peer Support in an Acute Care Setting

- About me and how our story help us break through to our patients in acute care
- It is important to know me a little to see why we are able to get through to those who may otherwise be closed off to the system





# Peer Support in a Acute Care Setting

- \* Emotional support (varies for each patient)
- \* Accompany patients to appointments; income support, housing, doctors appointments, support at court, etc.
- \* Consults to unit social workers for various reasons (mainly housing)
- \* Advocate for patients and provide harm reduction support and education

# Peer Support in an Acute Care Setting

- \* Consults the ARCH Social Workers when a patients case is too Complex or the stay is too short, and we feel the patient needs follow up care. I call this ARCH collaboration.
- \* Work very closely with ARCH Addiction Counsellors for addiction follow ups and treatment
- \* Advocate for the patients



# Peer Support in an Acute Care Setting

- \* PSW's help ARCH Patients on hospital and in the ARCH Out-patient Clinic with obtaining an Alberta Identification Card

**Obtain Identification**

- Alberta Personal Health Card
- Alberta Identification Card

**Safe Storage**

**Easy Access**

For further information on how the AHS ID Program may assist you to obtain ID or about the ID Repository, please contact:

**AHS ID Program**  
Royal Alexandra Hospital  
CSC 154, 10240 Kingsway Avenue  
Edmonton, AB T5H 3V9

**First Come, First Served**  
(We do not make appointments)

**Client Hours:**

|           |                    |
|-----------|--------------------|
| Monday    | 8:30 am – 12:00 pm |
| Tuesday   | CLOSED             |
| Wednesday | 8:30 am – 12:00 pm |
| Thursday  | 8:30 am – 12:00 pm |
| Friday    | 8:30 am – 12:00 pm |

Closed for lunch 12:00–1:00 pm

Telephone: (780) 613-5556  
Fax: (780) 735-6791  
Email: [EdmontonID@AHS.ca](mailto:EdmontonID@AHS.ca)

[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

**Alberta Health Services**

**AHS ID Program**

**Alberta Personal Health Card**  
Please protect this card.  
12345-0000  
Jane Lisa Doe  
Gender: F Birthdate: 1980/11/16  
You are eligible for health insurance coverage provided you are a resident of Alberta.

**Alberta**  
Freedom To Create. Speed To Advance.

# Peer Support in an Acute Care Setting

- \* Having once been there done that, we are able to use language that the patient understands
- \* We listen, and because normally our relationship is once in which we can ask, the hard questions, like where do you sleep?

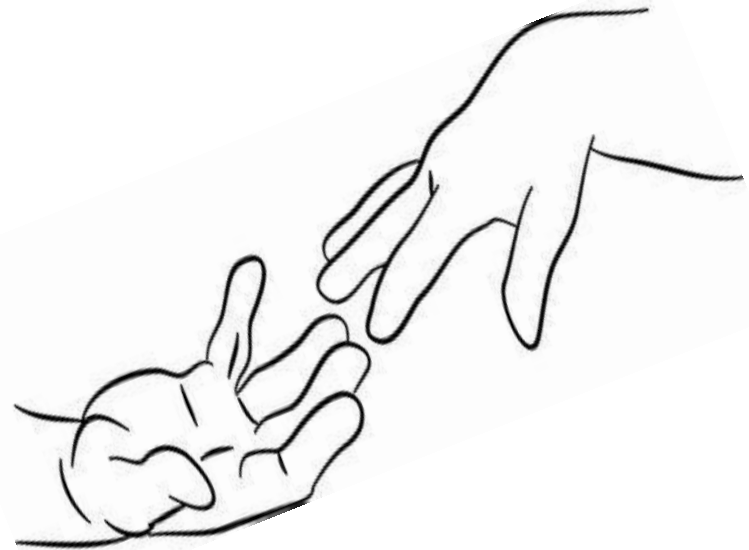
Is that safe? By phrasing in a way that, “I use to sleep in places like that, then my sister would get mad at me and kick me out...” OR

“I use to get so sad that I use up mu whole cheque and then be left with nothing, then be left with nothing is that what happened here...”

We get the answers because they know we are not fake, we have lived it just like them! **From there we can present our resources.**

# Peer Support in an Acute Care Setting

- \* The doctors and nurses for medical issues
- \* Social workers
- \* Addiction counsellors
- \* The IWC - Indigenous Wellne. Clinic
- \* SCS – Supervised Consumption Site
- \* Many other offsite agencies



# Peer Support in an Acute Care Setting

Our presence is a positive influence that builds bridges not only for our team, but for the whole, the hospital, creating a warmer, safer place for the patient who otherwise would close themselves off. Our presence in Hospital helps ensure in acute care to heal and work on their social stabilization.





# Patient Contributions: Successful Acute Care for Individuals Experiencing Homelessness Requires Community Co-Design

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SHANELL TWAN

COMMUNITY LIAISON, INNER CITY HEALTH AND WELLNESS PROGRAM

OUTREACH WORKER AND CORE TEAM SUPERVISOR, STREETWORKS

**NOVEMBER 6, 2019**

**NATIONAL CONFERENCE ON ENDING HOMELESSNESS, EDMONTON AB**



# Guiding Principles

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



# How are Patients Involved?

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## Community Liaisons

- Information sharing
- Coordination of CAG
- Recruitment and retention
- Data collection

## Community Advisory Group

- Staff hiring and training
- Program design and troubleshooting
- QI/Evaluation methods
- Data interpretation
- Knowledge translation

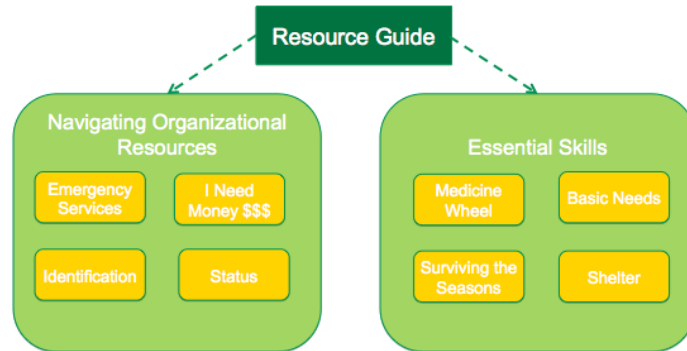


## Keeping ID safe

There are ways to keep your ID safe. When sleeping at a shelter, you can ask staff to store ID in a safe place, you can also tuck your ID into your socks or undergarments while you sleep (this will not be the most comfortable but it will keep your ID safe!). You can also store your ID with your other belongings when you check them in at the shelter!

Remember, you don't always need to carry your ID and important documents (birth certificates, citizenship certificates), most times, all you need is a photocopy. Store your ID some place safe so you don't have to carry it with you. There are programs around your city that can store your ID safely and securely for you!

Check out the "ID storage services" section in the attached pamphlet for a list of resources.



# Rethinking the Message

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*Joe woke up after a rough night on the town and couldn't remember what happened! For two days his body hurt so bad, he was sick and had a high fever. He needed to see a doctor but didn't know where to go or what to tell them!*



**A GUIDE TO GETTING  
THE MEDICAL HELP YOU NEED**



# Rethinking the Messenger

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*E: But we need a vehicle. You know.*

*C: You can borrow my car.*

*[Facilitator] Okay what's the vehicle, how do we do it.*

*E: A person can get us in that door, get us noticed, like seriously they can, you noticed us, [name] notices us, she notices us. And like you guys are doing, trying to do something about it, but we need that next step.*

*[Facilitator] Is it a [professional]'s role to help the community get noticed.*

*E: No but he can like inadvertently direct us in a direction. Like I don't have to borrow his car, but he can tell me if there's a car down the street from you.*

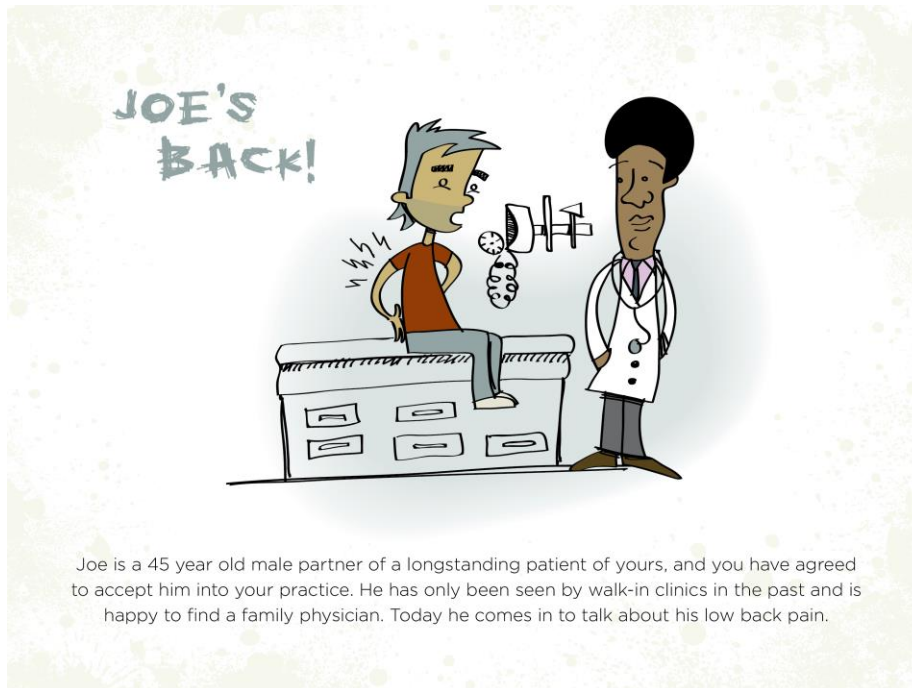
*A: The keys are in it, the engine's running.*

*E: Yeah, seriously.*

*B: Lots of gas, of gas. (1,31,14).*

# Rethinking the Audience

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# What matters most to Patients

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Involve more than one of us

We need steadfast, committed champions

Invest time in our relationship

Visit us, in our space


We need to trust you – follow-through is critical

Leverage existing resources – don't reinvent the wheel

Use plain language

Recognize the importance of gathering together and celebrating

Recognize our investment and remunerate us




**“Nothing About Us  
Without Us”**

Greater, Meaningful Involvement of People Who Use  
Illegal Drugs: A Public Health, Ethical, and Human  
Rights Imperative

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

**Peerology:**  
A guide by and for people who use drugs  
on how to get involved



CANADIAN AIDS SOCIETY | SOCIÉTÉ CANADIENNE DU SIDA

June 2015

# Relationship Reduces Harm

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# Thank you!

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[www.ichwp.ca](http://www.ichwp.ca)

@shanell\_twan 

@TeamARCH

@AAWEARAlberta

Inner City Health  
and Wellness Program

