Withdrawal Management Services Toolkit

PURPOSE

This toolkit was created for providers working in residential community-based withdrawal management services (WMS) to standardize care, improve documentation and information sharing, and provide quick access to relevant information.

SCOPE

Because of the recent funding for nurse practitioners (NPs), registered nurses (RNs), and registered practical nurses (RPNs) in Ontario WMS, this toolkit has a focused lens, developed with the assumption that community-based WMS have (or will shortly have) at minimum one NP and one RPN to care for their clients. Documents and wording therefore assume this staffing complement and are NP- and nursing-focused; however, the content is largely universal for all health care providers. We hope and expect that documents will be adjusted to suit site-specific needs, staffing, and capabilities. We encourage an interdisciplinary approach to the toolkit, with forms being completed and used by staff with the appropriate knowledge and training to do so. Counsellors or withdrawal staff may be best suited to complete pre-arrival screening, while nursing staff are more likely to complete the medical intake.

DEVELOPMENT

This toolkit was written by nurse practitioners working in or with a special interest in WMS. The documents were developed through review of substance use guidelines, best practice recommendations, and relevant clinical research. This included review of existing policies, procedures, and practices of residential community-based WMS across Ontario. After development, the toolkit underwent a comprehensive review by persons with lived experience, WMS staff, RNs, NPs, and physicians with experience working in or with residential community-based WMS. After revisions, it was reviewed by META:PHI's advisory committee and made ready for publication.

RATIONALE

Residential community-based WMS are an essential component of the addiction care pathway. They provide immediate, low-barrier access to treatment. Until recently, however, these WMS lacked the medical capacity to provide medication-assisted treatment for withdrawal and other acute substance related conditions. This created a large gap in care from the fully medicalized inpatient withdrawal management units, creating inequitable access to medication-based treatment. This has resulted in preventable relapses and substance-related morbidity and mortality. For example, patients with opioid use disorder will often leave WMS if they are not given immediate, on-site access to OAT, putting them at high risk of overdose death. Residential community-based WMS are beginning to receive funds to hire NPs, RNs, and RPNs. This will give WMS the capacity to medically treat withdrawal and to initiate OAT and anti-craving medications.

LIMITATIONS

This is not an extensive review of withdrawal or addiction medicine but rather a focused group of documents to assist WMS providers when limited medical staffing is available. This toolkit should be used with consideration of local resources, including proximity of emergency departments (ED) and community care providers, and of WMS resources, including space, equipment, and staffing. When resources allow, eligibility criteria should be expanded and ED transfer criteria minimized, allowing WMS to serve clients with diverse medical needs on-site.

FUTURE GOALS

Ontario WMS should have a full complement of medical and non-medical staff with 24-hour medical support, providing a full service of withdrawal, addictions, and basic primary care needs to all clients equitably. Utilizing WMS to their full capability enhances communities through minimized ED transfers, providing a source of referral to and from community partners, and preventing unnecessary suffering and loss of life.

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