

# In-patient Addiction Consultation Services

Mark Greenberg MD, CCFP(AM), FCFP, ASAM

Addiction Medicine, , Sunnybrook Health Sciences Centre, Toronto, Ontario  
Consulting Staff, Sunnybrook Health Sciences Centre, Toronto, Ontario  
Lecturer, Faculty of Medicine, University of Toronto



# Conflicts

- No relationships with commercial interests
- No grant/research support
- No speakers bureau/honoraria
- No consulting fees
- No external financial support
- No in kind support

# Mitigating Potential Bias

NO BIAS

# Background

- U of T Class of 88
- Family Medicine Residency 1988-90 Sunnybrook Health Sciences Centre
- Certification in Family Medicine 1991
- American Society of Addiction Medicine 1999
- Fellowship in Family Medicine 2005
- Certificate of Added Competence in Addiction Medicine 2020

# Our Journey

RAAM Clinic

Two half days per week

1 MD

1 Social Worker

1 Consulting Room

Paper Charts

# Our Journey

Changes

Transition to EMR using Sunnycare (Sunnybrook's EMR)

Transition to use of Connecting Ontario

Moved to improved space which included combined consultation room/examination room  
POC UDS

Outreach to both departments of Psychiatry and Family Medicine to start sending residents to RAAM Clinic

Hired full time social worker, peer support worker and Nurse Practitioner

# Our Journey

## Creation of Addiction Consultation Service for In-patients

- Cannot train residents adequately only with exposure to out patients in RAAM Clinic
- Many patients presenting to Sunnybrook having SUD issues
- Missing opportunities to start patients onto appropriate anti craving medications

# CHALLENGES

Turf protection

Changing mindsets of staff towards SUD patients

Letting the departments know that we existed



# Solutions

Cooperation

Consultation

Education

# Identify Internal Customers

Identify the inpatient departments that would be the prime targets for referrals

General Internal Medicine

Orthopedic Surgery

Trauma

Burn Unit

Mental Health/Psychiatry

# What We Found

Many patients admitted to Sunnybrook for Medical or Surgical Diagnoses had concurrent SUD diagnosis

Many patients admitted to Sunnybrook Inpatient Psychiatry Unit had concurrent SUD diagnosis

Prior to establishment of the ACS most of these patients were discharged without any intervention or follow up.

# What Did We Do

Expanded the PGY 1, 4 Addiction rotation, Psychiatry Residents, to include consultation to the wards

Offered Electives to PGY 1, 2 Learners in Family Medicine

Added inpatient consultations to patients being seen in RAAM Clinic

# Staffing

Two MDs with experience in Addiction Medicine

Mark Greenberg

Stephanie Zhou

One full time Nurse Practitioner

Lisa Orlandi

PG Learners

# Services Provided

## Consultation to determine

Presence or Absence of SUD

Make an accurate diagnosis (OUD, AUD, other)

Acute withdrawal management

Suggest Laboratory or Diagnostic Imaging Investigations

Suggest appropriate anti craving medication in context of patients' clinical status and other medications

Suggest appropriate follow up including consultation by Psych CL, Cardiology

Follow patient while in hospital

Suggest appropriate follow up when discharged

# Patient Population

- Patients had complex medical/surgical issues
- Patients had complex long standing SUD with polysubstance abuse
- Patients had concurrent major concurrent Mental Health Disorders (MDD, Bipolar Disease, Personality Disorders, ADHD) which required consultation by CL Psychiatry

# Alcohol Use Disorder

Manage patients in Acute Withdrawal

- Benzodiazepines
- Phenobarbital
- Thiamine
- Multivitamins

Start patients on appropriate anti craving medications  
Naltrexone, Acamprosate, Gabapentin

Nutritional support

Arrange follow up for peer support and substance use counseling



# Opioid Use Disorder

Manage patients with Acute Opioid Withdrawal

**Start** patients on OAT or **Continue** OAT that was started in community prior to admission and titrate to adequate dose

Methadone

Buprenorphine/Naloxone

Sublocade ®

Slow Release Oral Morphine

Arrange for follow up with peer support worker, addiction counseling

# Pain Management

Identify acute v chronic pain issues

Account for adequate acute pain management when considering medications for OAT

Work with Acute Pain Service (APS) to determine best practices

Consider use of non opioids (Ketamine) for acute pain in OUD patients

Wean patients off of short acting opioids as soon as possible (challenge)

# Discharge Planning

Provide patients followed in hospital with appropriate resources for follow up

Refer to RAAM Clinic

- Sunnybrook RAAM Clinic default
- RAAM Clinic in area where patient lives (Trauma, Burn Unit patients tend to be repatriated to local hospitals after initial interventions are completed)
- Attempt to coordinate follow up with Mental Health/Psychiatry post discharge

# Reference

Mark Greenberg

[markalan.greenberg@sunnybrook.ca](mailto:markalan.greenberg@sunnybrook.ca)

416-661-0004

Sunnybrook RAAM Clinic

416-953-2475

[raamclinic@sunnybrook.ca](mailto:raamclinic@sunnybrook.ca)

RAAM Clinic Listing  
[www.metaphi.ca/raam-clinic](http://www.metaphi.ca/raam-clinic)