

PROGRAM INNOVATION

Nurse Practitioner Community of Practice

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The ongoing substance use crisis has emphasized stark patient care realities and highlighted historic service gaps long known to addictions care providers. This is something particularly felt in North Eastern Ontario. One strategy to meet the demand was the implementation of additional Nurse Practitioners (NPs) working in addictions care areas.

The North Eastern Ontario Nurse Practitioners Addictions Specialty Community of Practice (NEON PAS) was launched at the end of 2021. The group supports NPs working across Northern Ontario who are treating patients with a substance use challenge. The membership currently spans much of the Highway 17 corridor across the north and down to Parry Sound with NPs often covering multiple roles in their communities. The reality for care providers across the North is that we often have to wear several hats at once. There are NPs who are working in the primary care setting while also offering services to RAAM clinics; other NPs are providing Medical Detox services while also working to support patient substance use care in the hospital setting.

Each month the group, which I co-chair, meets to discuss clinical cases or evidence-based practice considerations that arise from the work the NPs are involved in. Some of the key goals for the group are to provide support, mentorship and clinical resources to fellow Nurse Practitioners working in the field.

The group also offers a readily available consultation network for other NPs, particularly those new to working in the addictions field.

NP Kristine Rivest, the group's other co-chair, believes another key mandate of the group is to build community capacity and collaboration between care providers.

Often patients with a substance use disorder lack critical supports and putting a plan in place usually necessitates a wide range of partners and expertise to meet the need. The NEON PAS Community of Practice is one way that NPs from across the North are building capacity to serve clients as they juggle primary care, community clinics and hospital consults, to name only a few areas.

If you would like to participate in the above noted Community of Practice, please email jbomis@hsnsudbury.ca



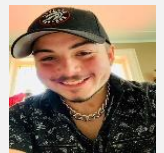
FACES OF THE FIELD



Kathy Moreland RN, MScN

Lifetime Member RNAO

Member MSTH, Member FAR Canada



I am a registered nurse with 40 years experience in oncology/palliative care and nursing education. I am also the mother of a son who died from fentanyl poisoning one month after his 18th birthday in June 2020. Austin came to us through adoption at age one, was diagnosed with fetal alcohol spectrum disorder (FASD) in childhood and struggled with anxiety, depression, impulse control, emotional dysregulation, and poor judgment (all common in FASD). He was introduced to crystal meth at age 15 and struggled with his substance use for two and a half years before his death. When he decided he wanted to stop using, he was denied residential treatment at four of the best treatment centres for youth in southern Ontario. "We don't work with people with FASD—they don't do well in our programs" was the common refrain. Other than a weekly meeting with a community worker (until COVID hit), we were on our own. That approach wasn't enough. During his drug use, I witnessed the stigma and judgment of PWUD by my healthcare colleagues. They obviously had little to no education about unregulated drug use, the care of PWUD, OAT, or trauma informed practice. They also offered little to no support when those needing care demonstrated the symptoms of withdrawal. My son and my parenting were judged. I became committed to change.

I'm now involved in advocacy groups to change drug policy in this province and across the country including MOMSSTOPTHEHARM (MSTH), the Registered Nurses Association of Ontario (RNAO), and Families for Addiction Recovery (FAR Canada). The goal of these organizations is to actively advocate for and with PWUD and their families for decriminalization, safe supply, and expanded, evidence-based programs, supports, and treatment options. I am also actively involved locally to bring support to my colleagues in acute care who have little to no understanding of how to holistically care for this population. I'm committed to decreasing stigma, empowering my colleagues through education and consultation, and advocating for appropriate, accessible, creative treatment options for those that want/need them, particularly youth with mental health issues. I am heartened and excited by the activities of META:PHI.

EVENTS

RAAM Monthly Videoconferences:

Nurses	May 4	12 pm
Prescribers	May 10	8 am
Counsellors	May 13	9 am
Addictions NP	May 25	12 pm

META:PHI Webinar: May 11 7 pm

Dr. Graydon Simmons

Managed Alcohol Programs: Example Operations, Successes and Challenges

There was no training on how to treat Hep C - I was handed 3 manuals, and that was it. I taught myself the treatment protocols so that I could pass on this knowledge and education to our patients. It was trial and error.

When an addiction treatment centre opened in Sudbury around 2000, the enrollment protocol included assessing patients for any communicable diseases. For the first time, those who tested positive for Hepatitis C were referred to a specialist. Over the years, more such specialists came to Sudbury to practice. It was a challenge to provide assistance to all Hep C patients, as they were spread out across the city. I had to cart my educational kits – with sharps dispensers, pill boxes, timers, and information booklets – everywhere. I dreamed of an easier way for patients to access care.

In 2010 I founded the Northern Hepatitis Centre of Excellence. Across from an addiction treatment centre in Sudbury's downtown core, it offered free parking, and welcomed all walk-ins. My office was a 'one stop shop' where specialists would come to see their patients, phlebotomies were done on site, weekly injections were given, and medications were provided. Still, it was common for patients to come and go numerous times. Maintaining patients on treatment with interferon was difficult and only a few would follow it through to the end. Treatments comprised 3-4 pills 2x/day, weekly injections of pegINF (pegylated interferon), and labs for the duration of treatment and up to 12 months post treatment. Missed appointments were very common but I never gave up on anyone; when people were ready, they would return, and they were never judged.

Adverse events always seem greater among the addiction population. Some pursue treatment for the purpose of getting a Special Diet allowance. Many seek treatment while in recovery and some relapse afterwards, reinfecting themselves. I've grown close to patients, and cry when their lives are taken too soon. As the drugs are becoming more potent, the loss of life is greater.

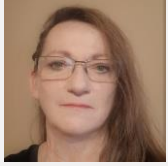
I founded The Northern Hepatitis Centre of Excellence to help people with Hep C obtain effective, timely treatment in one place. Now, 12 years later, treatment times have become shorter with fewer adverse events, making it easier for people with substance use to complete treatment and succeed in being 'cured' by attaining sustained viral response (SVR). To see their world change by eradicating this virus is truly amazing. It always makes me so happy to be able to say, 'You are cured of Hepatitis C!'

PERSPECTIVES

Hepatitis C Treatment of People Who Use Drugs

Monique Goudreau RN

Founder Northern Hepatitis Centre of Excellence, Sudbury



I started my journey of hepatitis C treatment in 1996 when I worked as a pharmaceutical nurse contractor for a gastroenterologist. At that time, the patients who were being treated were mostly infected from past history of drug use or blood transfusions.

IN THE NEWS

[BC Compassion Club](#) (Healthy Debate)

[Grief of Parent Losing Children to Overdose](#) (Globe and Mail)

[Drug User Challenges Government Focus on Abstinence](#) (CTV News Calgary)

[Does Forced Addiction Care Save Lives?](#) (Aldergrove Star)

[Research and Health Care Donations](#) (Toronto Star opinion)

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