OVERVIEW OF SURKIT
for Emergency Departments

September 2023

SUR KIT Substance Use Response Kit

What is SURkit for Emergency Departments (EDs)?

SURkit — the Substance Use Response Toolkit — is intended to prepare all emergency departments within the Vancouver Coastal Health region to best support people who use substances.

SURkit is based on three priority targets that have been identified by the Canadian Association of Emergency Physicians (CAEP) in addressing the drug toxicity crisis. These priority targets will help make **1) harm reduction supplies**, **2) opioid agonist therapy** and **3) transition of care** to the community more available to patients who present to emergency departments. This region- wide initiative aims to support the implementation of trauma informed, culturally safe care practices that work towards reducing stigma and drug toxicity deaths.

Harm Reduction

Opioid Agonist Therapy

Improving Transition of Care

What does SURkit include?

SURkit will help your ED provide best practice substance use care for your patients, including:

- Easy access to take-home naloxone kits and harm reduction (safe consumption) supplies
- Opioid agonist therapy (OAT) (new initiations and provision of missed doses)
- Buprenorphine/naloxone to-go packs
- Well-defined referral pathways to harm reduction and substance use care in your community, including connections to Indigenous Wellness Liaisons and/or cultural support services
- Timely follow-up post ED discharge

HOW do we make SURkit happen in our ED?

With regional support, your ED will form an implementation team. Surkit implementation can occur as a phased process, depending on site priorities. To identify the best approach and implementation strategies to use at your site, the Vancouver Coastal Health Regional Addiction Program (RAP), together with the Regional Emergency Service Program (RESP), will work closely with your ED team and other stakeholders to support effective implementation and SURkit success.

WHEN should SURkit be implemented?

SURkit implementation timelines will vary by ED, depending on site readiness, available on-site resources and the degree of regional support required. The goal is for all VCH EDs to implement SURkit by the end of 2023. Sites may need six to nine months to implement SURkit.

The **VCH Regional Addictions Program & Regional Emergency Services Program** supports all EDs in improving care for patients who use substances. For more information check out **vch.ca/surkit** or email **regionaladdictionprogram@vch.ca**

Vancouver CoastalHealth

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How you want to be treated.

COMING TOGETHER

Checklist for forming an implementation team and assessing readiness:

- ☐ Identify key players at your site, usually a clinical nurse educator/clinical resource nurse, ED physician lead and operational lead. Others are welcome, including Indigenous Wellness Liaisons, elders, people with lived and living experience.

- ☐ Form a SURkit Implementation team at your site by bringing together key players. It's ideal to book regular/recurring meetings for the first few months to build momentum. RAP reps can support your first working group meetings.

- ☐ At the first SURkit working group:
  - ○ Review SURkit components so that key players have a good understanding of them.
  - ○ Identify where your site currently stands regarding each SURkit component. Have any components already been implemented? To what degree? (Scale them 1-5, with 5 meaning, "very ready".):

	1	2	3	4	5
Access to take-home naloxone kits	○	○	○	○	○
Access to harm reduction supplies/kits	○	○	○	○	○
OAT missed-dose access	○	○	○	○	○
Buprenorphine/naloxone to-go packs	○	○	○	○	○
Appropriate support/community referral options for patients who use substances	○	○	○	○	○
Timely post-discharge follow-ups	○	○	○	○	○
Although anti-stigma education is not technically part of the SURKIT initiative, please assess staff readiness to provide non-stigmatizing substance use care	○	○	○	○	○
Local knowledge of Nation-based services and supports	○	○	○	○	○

- ☐ If you feel your ED staff would benefit from anti-stigma education as part of SURKIT implementation, please discuss with your VCH RAP implementation support team

CULTURAL SAFETY AND HUMILITY IN YOUR ED

The toxic drug crisis continues to disproportionately impact Indigenous communities where increased deaths and overdoses are experienced. We recommend:

- Committing to taking the ICS Hummingbird course found on Leaning Hub.
- Connecting with and learning about Indigenous Patient Navigator (IPN) services at your site.
- Committing to learning more about Nation-based health services in your community.
- Determining who your local Nation contacts are for Health and Wellness.

IMPLEMENTING HARM REDUCTION SUPPLIES

SUR KIT

With the goal of establishing low-barrier access to take-home naloxone (THN) kits and harm reduction supply kits for EDs, RAP will work with ED teams to ensure a standard process is in place to set up access and distribution of supplies.

Here are the steps to take to access regular supply of THN kits and harm reduction supply kits:

THN kits

- ☐ Determine if your ED is already making THN kits available in the ED.
  - ◯ If so, who manages the inventory and where are they made available? Is it a low-barrier access point?
- ☐ If your ED is not making THN kits available yet, connect with the hospital pharmacy where an order can be placed for free. RAP can assist as needed.
- ☐ Identify which team member(s) will distribute THN kits. Do they need training/education?
- ☐ Identify where THN kits are to be stored.

Harm reduction supply kits

Regionally-produced harm reduction supply kits will be available to all EDs. Kits are preassembled and ready to go to distribute to patients. Harm reduction safer use supplies can be ordered by the same method as all VCH/PHC clinical supplies through PHSA purchasing services via ePro (eProcurement) People Soft website. There are three types of harm reduction supply kits, each of which can be ordered via ePRO: **1) an injection kit**, **2) a meth smoking kit**, and **3) a crack smoking kit**.

To order from ePRO:

- Harm Reduction Kit – Injection Item #00142341 VMID: 998#SIKIT-PHSA
- Harm Reduction Kit - Multi-use Injection Item #00142663 VMID: 998#SIMUKIT-PHSA
- Harm Reduction Kit – Meth Smoking Item #00142339 VMID: 998#MKIT-PHSA
- Harm Reduction Kit – Crack Smoking #00142340 VMID: 998#CKIT-PHSA

For any kit type, you must order a minimum of **10 kits**.

Pending delivery of regionally-produced kits, EDs may continue to prepare their own harm reduction kits. See **ED Harm Reduction Resource Package** for suggested kit contents.

Steps for setting up your ED with harm reduction supply kits:

- ☐ Determine if your ED is already making harm reduction supplies available to patients.
  - ○ If so, a few questions: Who manages the inventory, and where are the supplies ordered from? Where are the supplies being made available to patients, and are the access points low barrier?

- ☐ If your ED is not making harm reduction supplies available yet, you will need to:
  - ○ Identify who will order the kits from ePRO.
  - ○ Identify where the kits can be made available for easy access for patients. This could be in washrooms or in a harm reduction corner/easy-access supply point.

- ☐ Identify who on your team will manage harm reduction kit inventory and who will keep track of volumes. It's good practice to track volumes.

- ☐ Identify who on your team will restock the harm reduction kit supply at the low-barrier ED access points (including appropriate educational resources for clients, which are available at the Toward the Heart website or via RAP).

Education for teams

RAP will assist ED teams to ensure staff are informed and educated about how to distribute THN kits and harm reduction supply kits once they are available. With RAP support, ED teams will:

- Get the appropriate educational resources.
- Share resources with staff.
- Develop a plan for supporting/training staff.
- Display appropriate resources for clients.
- Create site specific standard operating procedures (SOPs), as needed.

Key planning questions

- Who can lead this work?
- What are the low-barrier access points where THN kits and harm reduction kits will be available to patients?
- Who will restock supplies and keep track of volumes?
- What training is needed for staff who are new to harm reduction?

Resources

- ED Harm Reduction Resource Package
- Client QR Resource Poster (site-specific)
- ED Acute – Staff Resources Poster
- Harm reduction and substance use resources

STABILIZATION AND TREATMENT

SUR KIT

It is important to establish protocols for patients to access opioid agonist therapy (OAT) by offering missed doses and buprenorphine/naloxone to-go packs at all EDs. RAP will work with ED teams to ensure a standard process to set up access for OAT.

OAT missed doses

- One-pager protocols shared with prescribers
- Key questions:
  - Is training required?
    Pharmacy considerations and related trouble-shooting: E.g. Medication availability after-hours

buprenorphine/naloxone to-go packs

- Process for ordering kits
- Patient educational materials
- Key questions:
  - Staff education/training required?
  - Is there a process for follow-up care with clients post discharge? For example, referring to the Overdose Outreach Team or local equivalent if not already connected to care.

Planning questions

- Who can lead this work?
  e.g., ED physician champion and operational support lead
- How can we best involve the pharmacy to ensure medication is available in EDs?
- What training is required?
- What additional resources/support is needed?
  e.g., nurse educators

Resources

- Missed-Dose Protocol (buprenorphine, methadone, Kadian)
- How to Identify Number of Missed Doses
- ED buprenorphine/naloxone To-Go Protocol
- Buprenorphine/naloxone To-Go Patient Education Material)
- ED buprenorphine/naloxone to-go order sets (paper or electronic depending on site)

TRANSITION TO CARE

As patients leave the ED, it is important to provide them with options for substance use and overdose prevention support. Providing patients with information about options for care and/or supporting their care plan as they transition to the community can be lifesaving, particularly if the ED is the only point-of-health-care contact they have accessed.

Based on the resources available in your local community, building a clear referral pathway to appropriate services is a top priority. RAP will work with your ED team to develop streamlined low-barrier pathways to refer patients to expedited community care. Things to explore and train your teams on:

Direct pathway to community substance use care

- Virtual service referrals (Is this available?)
- Nurse prescribers (Is this available?)
- Community/local provider referrals (OAT clinics, GPs)

Services

Outreach and peer service referrals

The VCH Regional Addiction Program has access to Peer Educators who can meet with a subset of your team and share on local peer resources that they are aware of.

- What outreach teams are available to the community (Overdose Outreach Team/Mental Health Substance Use/Intensive Care Management)?
- Is further coordination with existing outreach teams required?
- Does an automated referral pathway already exist (e.g., via Cerner)?
    - If not, is there a system for direct referrals from ED to an outreach team?
- What peer networks are available?
- Is liaising with a peer resource required?

Consider referral to Indigenous support services if available (Indigenous patient navigators or cultural supports)

Next-day follow-up for patients (post discharge)

- Are next day urgent appointments available? If not, what could be done to make next-day follow-up appointments possible?
- Identify role(s) in the ED, or direct to an outreach team for follow-up.
    - If not an outreach team, develop workflow.
- Is training required?
- Are resources required? e.g., collating a community referral list

Planning questions

- Who can champion this work at your site?
- How can you identify key referral contacts, pathways and organizations?
- How can you solidify primary partnerships within the community?
- Have you considered both clinical-care and community-care pathways?

SURKIT IMPLEMENTATION SNAPSHOT
SURkit Leads at the ED

Members of the working group

Name	Title	Email

Regional support

Name	Title	Email

Harm reduction supplies (THN kits and harm reduction kits)

Who is coordinating staff training/education?

Who manages supply kit inventory/ordering?

Who manages volumes out?

Who restocks at low-barrier ED access points?

Opioid agonist therapy (OAT)

Who will be reviewing missed dose protocols with ED clinician or provider?

Who will be providing staff training on buprenorphine/naloxone to-go packs?

Who will be performing buprenorphine/naloxone to-go follow-ups?

Transition to care

Who will develop referral pathways?

Who will be sending community/outreach referrals?

Who will be performing follow-ups?