

Patient Experience: Substance Use and Addiction Strategy

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Patient Experience



Patient Experience

Empathy, compassion, and respect in every encounter



1. Lead the evolution of patient and family centred care embedding the principles of co-design, where each person is treated with compassion, respect and empathy.

OBJECTIVES

- 1.1 Design and implement a co-design framework to ensure a clear understanding by all staff, patients and families.
- 1.2 Embrace the principles of PFCC with a co-design approach to care planning.

2. Focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

OBJECTIVES

- 2.1 Promote and sustain continuous quality improvement, with focus on our unique patient needs.
- 2.2 Eliminate preventable harm by enhancing our safety culture.
- 2.3 Consistently deliver health services that are effective, well-coordinated and include seamless transitions.

3. Become experts in caring for and supporting patients with complex care needs due to multiple acute and chronic conditions, mental health and addiction issues, and social vulnerabilities.

OBJECTIVE

- 3.1 Enhance, better coordinate and support care for patients with complex health issues who are frequent users of hospital services.

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Priorities and Recommendations

Create a unified hospital-wide harm reduction philosophy and culture throughout the organization by:

1. Establishing a sustainable interprofessional model-of-care which is accessible throughout the Hospital.
2. Enhanced staff education and training related to addiction management, treatment, and referral options.
3. Developing tools, resources, and pathways to support evidence informed care.



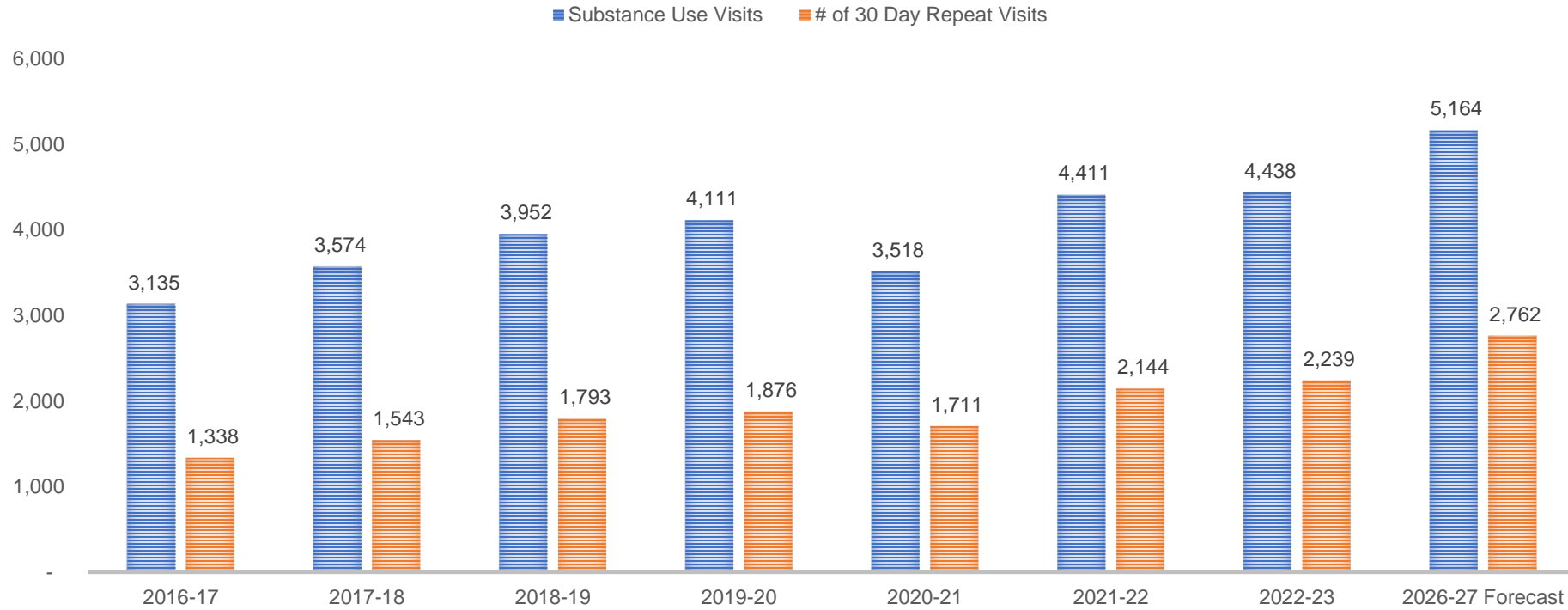
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Current State

TBRHSC - ED SUBSTANCE USE VISITS



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Models of Care - Addiction Medicine Consult Service: Phase One

- ▶ Phase one of our AMCS began on March 4, 2024.
- ▶ AMCS RN is available Monday to Friday, 0400 to 1600 hr., to see patients of all ages.
- ▶ The AMCS RN will provide assistance to patients experiencing substance use and addiction related issues.



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Addiction Medicine Consult Service ADDICTION NURSE

Patient Health Teaching
Discharge planning
Connection to Community Services

ENTER CONSULT INTO MEDITECH ORDER ENTRY

	Category	Procedure	Procedure Name	Quantity	Date	Time	Series
1	ADDICTION	AMCS	ADDICTION MEDICINE ... R		T+	04/12	
2							
3							

Reason for Referral

Medication Management Emotional/Practical Peer
 Health Teaching Indigenous Care Coord

Under Procedure Enter
Addiction Medicine Consult Srv (AMCS)

Under Category Enter
Addiction Services (Addiction)

Include Reason for Referral

Models of Care - Addiction Medicine Consult Service: Phase Two (Pending Funding)

- ▶ Develop a fulsome interprofessional team
- ▶ Enhanced comprehensive care:
 - ▶ Education and prevention
 - ▶ Screening and assessment
 - ▶ Individualized treatment plans
 - ▶ Medication assisted treatment
 - ▶ Psychosocial support
 - ▶ Community collaboration

Project Outcomes: Create staffing and care model, to provide consistent, trauma-informed care to patients with substance use and addictions issues.



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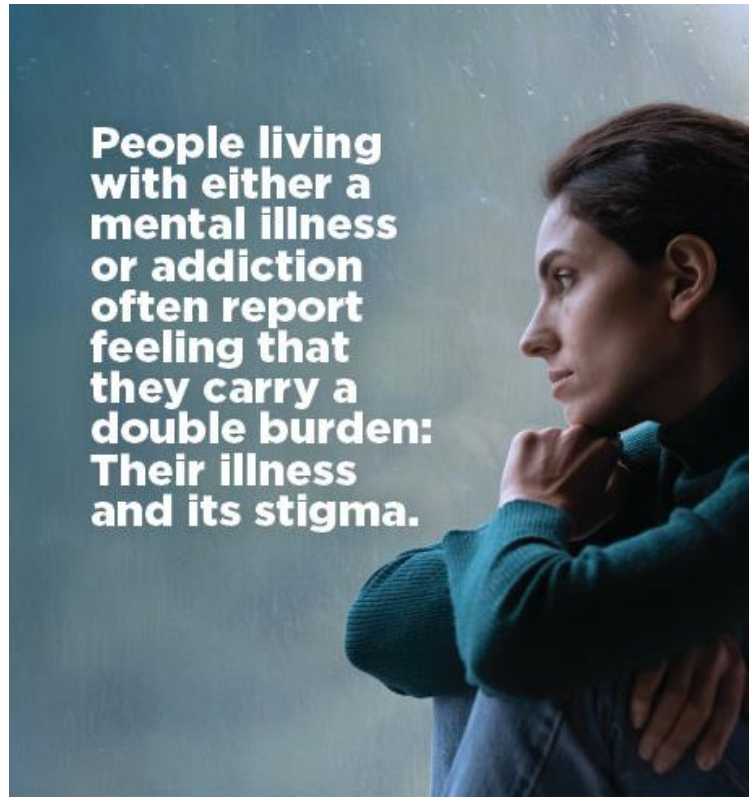
Resources to Support the Model of Care

- ▶ Resources for staff, physicians, patients, family
- ▶ Clinical order sets, policies and procedures, and education materials require updates to current evidence
 - Opiate Withdrawal Protocol with Sublingual (SL) Buprenorphine / Naloxone (Suboxone) Induction Pre-Printed Direct Order (PPDO) – **submitted for review and endorsement**
 - Alcohol Withdrawal Management PPDO – **under revision**
 - Problematic Alcohol Use and Alcohol Use Disorder Patient Oriented Education Tool (POET) – **revised undergoing feedback process**
 - Opioid Use Disorder Patient Oriented Education Tool (POET) – **under revision**

Project Outcomes:
Evidenced-informed standardized patient care with pathways to guide the care team and enhance coordination of care in the right location.



Staff Training and Education: SU&A Anti-Stigma Campaign



People living with either a mental illness or addiction often report feeling that they carry a double burden: Their illness and its stigma.

- ▶ It is important to recognize the power behind our words and understand the contributions it can have to breaking down stigma related to substance use and addictions.
- ▶ Outdated language is being used in discussion and it is our responsibility to advocate for change, using the appropriate language when speaking with others.
- ▶ See the Language Matters handout as a guide to assist in changing your language to 'Persons First' language

Our words and actions matter.
The way we speak can affect the attitudes of others.



Language Matters

Research shows that the words substance “abuse” or “addict” lead to negative opinions and poorer healthcare outcomes.

Instead of these stigmatizing labels, it is important to use person-first language (e.g., a person who uses drugs rather than “a drug user”).

Words like “addict” or “drug user” define a person in one particular way, ignoring all the unique and complex qualities that make them human.

It is important to use respectful and neutral language when talking about topics related to substance use. For example, avoid referring to someone who has stopped using drugs as being clean. This label can imply that while using drugs they were dirty.

It is also important to avoid using language that blames and shames individuals for choices they make or barriers they experience to services. Instead of describing a person as non-compliant to a service or treatment, terms like they “opted not to” or they are “experiencing barriers to accessing treatment” help off an explanation rather than judgement.



Language Matters Campaign



Language Matters

It's important to recognize the power behind our words and understand the contributions it can have to breaking down stigma related to substance use and addictions. Outdated language is being used in discussion with family and friends and in social media. It is our responsibility to advocate for change, using the appropriate language when speaking with others.

The below table can be used as a guide to assist in changing your language to 'Persons First' Language. 'Persons First' Language recognizes the patient as a whole, and removes stigma related to their illness or disorder.

Instead of This....	Say This...
Abuser, Addict, Junkie, User	Person with a Substance Use Disorder
Abuse	For illicit substances: Use For prescription medications: Misuse Used other than prescribed
Substance or drug abuser	Patient
Alcoholic	Person with alcohol use disorder.
Drunk	Person who misuses alcohol / engages in unhealthy / hazardous alcohol use
Former addict	Person in recovery or long-term recovery
Reformed addict	Person who previously used drugs
Drug Habit	Regular substance use, Substance Use Disorder
Addicted Baby	Baby born to a mother who used substances while pregnant Newborn exposed to substances
Clean	For toxicology screen results: <ul style="list-style-type: none"> • Testing negative For non-toxicology purposes: <ul style="list-style-type: none"> • Being in remission or recovery • Abstinent from substances • Not consuming alcohol or taking substances • Not currently or actively using substances
Dirty	For toxicology screen results: <ul style="list-style-type: none"> • Testing positive For non-toxicology purposes: <ul style="list-style-type: none"> • Person who uses substances
Dirty needle	Used needle

Staff Training and Education: SU&A Anti-Stigma Campaign

- ▶ Launch of the Campaign occurred March 26, 2024:
 - ▶ Staff were invited to pledge a commitment to change their language.
- ▶ Roaming inpatient education on stigma and an opportunity to sign the pledge (Week of April 1).
- ▶ Opportunity to sign the pledge electronically through the Dual Code LMS.
- ▶ Filming for the anti-stigma campaign video is March 27 and 28, 2024.

Project Outcomes:
Enhanced knowledge and abilities to facilitate consistent care and an improved patient experience.



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Thank you!



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