UPHNS COMMUNITY of PRACTICE HUB

HUB Video Call Minutes August 25, 2020

- Update and overview of Parkdale Queen West CHC and Toronto North Support Services regarding UPHNS activities in hotels in Toronto (Speakers: Gab and Greg)
- These two organizations put in 2 UPHNS applications sent in April/May that were approved.
    - COVID positive site at hotel, and another hotel for close contact person under investigation
    - Staff structure: Harm reduction team includes peers from neighbourhood groups, nursing staff, shelter support, and housing partnership with Toronto.
    - Large operation since beginning with different organizational bodies in a collaborative environment.
    - Sites have grown from ground up, requiring formalizing program with new details
    - 24 hours: social workers, security, peer, nurses, doctors, housekeeping.
    - Parkdale was lead on application
- Lessons learned:
    - Chose 24 hour, on-call service. If folks in hotel wanted to use the UPHNS space, they would call the staff. This provides some flexibility. First day of operation at DT location was July 6. Prior to establishment, they provided witness support while people were using and engagement with folks who used privately in room. Between July 6 to now, 6 clients continuously use site and approx. 40 usages. Of the 6 clients, one used injecting partner regularly. All were safe experiences and there was no need to call nursing back up. Substances were bought on the street and safer supply by inner city health associates.
    - Operational challenges:
        - Going from exemption approval to quickly rushing to train 100 people from 4 different teams on how to use space.
        - Exploring what was the best training framework
        - Theoretical knowledge to practicing components →Found that skills and drills is the best way to increase people's knowledge as it provided a hands-on approach. Overdose simulation was best learning tool. Examples:
            - Flipping over chair
            - 1-hour training, 4 people to training, led by 2 nurses
            - Using drugs, using oxygen, different ways to rouse people, calling different codes, calling in additional supports
            - Policies and protocols around what to do during overdose with pertinent info on wall, including the administrative tasks people need to do.
            - Examples of exceptional overdoses: e.g. what it looks like when people are using benzos, vitals but not rousable, how not to overreact with situations
            - Secondary health concern that is not related while having an overdose
        - As people getting trained, a schedule was put together pairing primary and secondary people: pairing of individuals who were really comfortable vs. not as comfortable. Almost a micro train the trainer model
        - Getting 100 staff fitted for masks
        - Some people amongst multiple teams were resistant towards the harm reduction approach, had to repeatedly tell them that this was the philosophy we are practicing and how the activities were informed

    - Optimize services for clients to use it:
        - Education and follow-up trainings needed on how to provide "customer service"
        - Improve the full experience of OPS so that clients want to use space again
    - Uptake of use of services: During intake process for people coming into building, they would take them on a tour of OPS, which helped to generate conversation and build trust. This led to an increase in the number of people calling them to let them know they were going to use in room.
    - Outside of the immediate team, other professionals including harm reduction staff, peers, and nurses who were interested in attending trainings.
- Questions:
    - Why are people using Wellbutrin and Lyrica? Use of non-injectable drugs are damaging to veins.
        - Wellbutrin: Slang called "poor cocaine" and often used in lieu of drug of choice (cocaine). It may create euphoria but not sure
        - Lyrica: not sure reason, maybe client thought would have same effect as Wellbutrin
        - When injecting pills: remove coating with water, crush properly, use filters
    - What type of communication is being used:
        - Use walkie talkies, and cellphones for general communication
        - For folks who use alone, implemented "substance use menu" as people have hard time disclosing to strangers. To remove burden of disclosure, the menu is left in clients' hotel room for people to fill in and then staff can learn a bit about the person later when they pick it up. E.g. Are you a smoker, use Advil, fentanyl? Would substitutions help? Creation of menu was done by consulting with physicians, harm reduction workers, and peer representatives.
    - If someone wants to use in room and not OPS, does the staff conduct a room check-in?
        - Dependent on co-created plan for individual person.
            - Left alone, periodic checks, dial through to harm reduction team, security, or peer. Stand in doorway.
            - Alignment to people's comfort, quite a spectrum of requests and processes
    - Site cannot, unfortunately, accommodate smoking substances.
    - 24 hours with on-call feature. How did that take shape? How quick is the turnaround time?
        - If someone calls OPS it takes precedence over other stuff that the staff may be dealing with. 3 staff on at any time on 3 shifts to support all services.
        - 3 staff on schedule throughout 24 hours.
        - Different codes to triage what staff do (e.g. Code white [aggressive behaviour], blue [cardiac arrest], green [emotionally escalated])
    - Client population: at peak of pandemic, 150 clients in COVID positive program. The other peaked at 45.
- The site is a work in progress, and problem-solving and decision making has to happen very quickly. Evolves as participants and situations evolve.
- No issues with leftover substances. Detailed protocols around that. Clear in communication.
- Team had to go through application instead of class exemptions. Did not get funding.
- UPHNS exemption ends Sept 30. Direction we got from Health Canada is nothing is changing. Application can still be put in after Sept 30.