Supervisor/Project Information Form

Due February 14, 2018 by email to crems.programs@utoronto.ca

PLEASE SUBMIT IN WORD FORMAT ONLY. PDF will not be accepted

Supervisor Name: Co-supervised by Dr. Jennifer Hulme and Dr. Hasan Sheikh

Hospital/Research Institution: University Health Network

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Field of Research (keywords): Addictions; Harm Reduction; Emergency Department; Operations Research

Department: Department of Family and Community Medicine

School of Graduate Studies Appointment (IMS, LMP, IHPME etc)? Yes/No: If YES, please name:

Project Title: Building a comprehensive addiction medicine program of research at the University Health Network

Brief Project Description (<300 words):

Under the leadership of Dr. Sheikh and others, the University Health Network (UHN) has undertaken a number of parallel initiatives aimed at providing high quality addiction medicine treatment, including harm reduction. The new Rapid Access Addiction Medicine (RAAM) Clinic provides low barrier access to care for patients seeking treatment for any substance use disorder. UHN is the first hospital in Toronto to dispense take-home naloxone kits in the Emergency Department (ED). Additional ED initiatives have included a new opiate withdrawal order set using buprenorphine/naloxone, and initiatives to improve our acute management of alcohol withdrawal. Through grand rounds, presentations, and peer to peer modeling with the departments of emergency medicine, family medicine, psychiatry, internal medicine, social work, and pharmacy, UHN is building a robust and comprehensive addiction medicine framework in order to provide high quality addiction medicine care.

Through these efforts, several quality improvement and research questions have emerged. The CREMS student will query the emerging data as part of a program of research. Of these priority research questions, the student will have the autonomy to decide which project is of interest to them:

Treatment of Alcohol Use Disorder:

- What is impact of rapid addiction medicine care on alcohol consumption in patients with Alcohol Use Disorder? Metrics include number of drinks per week, number of days per week of abstinence, and adherence to Canada’s Low Risk Drinking Guidelines.
- What proportion of patients in the ED for alcohol withdrawal are receiving care in line with the best practice guidelines? Metrics include the use of a standardized withdrawal scale (CIWA-Ar), benzodiazepine dosing every 1 hour, and discharge with a CIWA score less than 10 over two consecutive measurements.
- What is the optimal dosing of benzodiazepines in acute alcohol withdrawal? A retrospective observational study comparing various emergency departments in Toronto.

Treatment of Opioid Use Disorder:
- Patients presenting to the ED in withdrawal: what is the uptake of buprenorphine/naloxone induction in the ED? What are the barriers?
- Patients presenting to the ED after opioid intoxication: what percentage of patients are given a prescription for buprenorphine/naloxone for home induction? What are the barriers?
- Patients presenting with opioid intoxication, opioid withdrawal, or on high daily doses of prescribed opioids: what percentage receive a naloxone kit?