Stages of Change: Launching a successful inpatient addiction medicine consult service

The Workbook

Dr Kathryn Dong
Dr Karine Meador
Dr Sheri Klassen
Dr Prabh Lail
Dr Kate Colizza

CSAM-SMCA 2025 Scientific Conference
October 17, 2025

This workbook is designed to help you start a hospital-based addiction medicine consult service. It is informed by over 10 years of leadership experience launching programs in three hospitals in Alberta. While this work is presented in five stages, there is overlap between the stages and some of the work can be done concurrently.

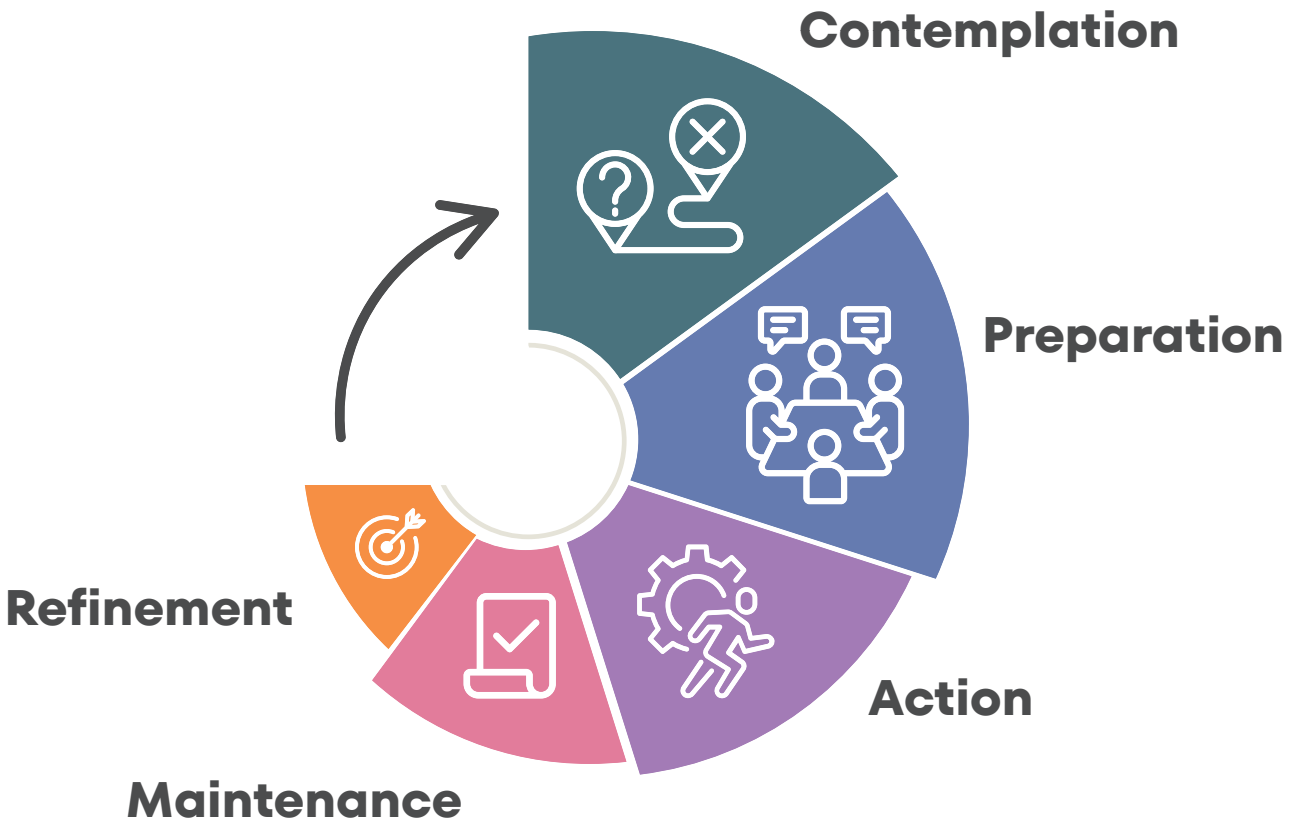
Starting a new multidisciplinary team can be daunting, but it has the potential to dramatically improve patient care, transform your hospital culture, and have a lasting impact on your community.

Territorial Acknowledgement:
This work and our learning has taken place on the territory of the Néhiyaw (Cree), Niitsitapi (Blackfoot), Métis, Nakoda (Stoney), Dene, Haudenosaunee (Iroquois), Anishinaabe (Ojibway/Saulteaux), and the Tsuut'ina First Nation, lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis.

With thanks:
We are grateful to the many people with lived and living experience who shared their emergency department and hospital experiences with us and helped us understand how we could improve. In particular, we would like to thank the Community Advisory Group, a longstanding partnership between the Inner City Health and Wellness Program and the Alberta Alliance Who Educates and Advocates Responsibly (Edmonton Chapter), for their vision and ongoing collaboration which is still going strong after more than 10 years.

We are also grateful for the many community-based organizations and leaders who helped us identify gaps in care and strategize how to fill them, proving instrumental in developing relevant and impactful programs. System-wide change takes support from unit, hospital and senior health system leaders. Thank you to all who championed this work, helped us find funding, and supported a community-driven vision for improved hospital care.

The addiction medicine consult service at the Royal Alexandra Hospital was our inaugural program, and because of its success, it became a guidepost for the others. That program was funded by a grant from the Royal Alexandra Hospital Foundation - without their support, this work would not have had the same impact and scope.


Contemplation
Preparation
Action
Maintenance
Refinement

Stage 1: Contemplation

This stage is all about laying the foundation. Building a strong foundation for change is important. This includes ensuring that you have considered the perspectives of those with lived and living experience of substance use and hospitalization, front-line staff, senior hospital leadership and potential funders. While early engagement is critical, ongoing engagement throughout all phases of this work is equally important. Consider forming one or more advisory committees to ensure you have regular input throughout the planning, launch and early years of the program.

- Is there a need to improve substance use-related care at your hospital?
  - Need can be identified in one of many different ways:
    - Local or regional research
    - Quality improvement work
    - Quality assurance review or a fatality inquiry
    - A desire by staff to improve care or frustration with current care delivery model
  - What are the most urgent areas for improvement?
    - Consider working group input, site survey, patient survey
- Engage with the site: "Coffee conversations"
  - Assess leadership support and buy-in
  - Find local site champions
  - Assess potential funding opportunities
  - Assess opportunities to share staff with other programs
  - Assess site readiness for change: awareness/desire/knowledge
  - Explore site strengths to leverage, and barriers to mitigate

- Engage with community
  - Identify local community groups or patient groups in the hospital catchment area (ideally you want to connect directly with people with lived and living experience of substance use who have accessed care at the hospital or who experience multiple structural barriers to accessing care)
  - Assess willingness to discuss what change might look like at the hospital
  - Be mindful that partnership will require recognition of community members
    - Can take many forms (e.g. respecting local Indigenous protocols and ceremonies, offering honoraria, providing financial compensation, covering costs of participation)
    - Identify and follow local guidelines and practices
  - Enter dialogue with humility and be prepared to unlearn much of what you have been taught
- Start to build a coalition of the willing
  - Local site champions across multiple disciplines
  - Community partners
  - Local research and evaluation teams
  - Potential funders
- Identify and prepare to address barriers (including stigma)

Contemplation

Questions and reflections

Where can I find data on substance use-related hospitalizations and emergency department visits at my site? Is there a way to build a reporting dashboard that could be used to identify local trends and assess early program outcomes?

Who am I going to invite for coffee in the next 4 weeks:

- Facility medical director: _____
- Facility senior operating officer or executive director: _____
- CEO of hospital foundation: _____
- Lead of another related hospital program: _____
- Well-respected informal leader at the site: _____
- Executive director of a relevant community organization: _____
- Lead of a local organization that includes people with lived and living experience: _____

Who are the local community groups that are relevant to this work?

Who can support me to do this work?

What are the biggest challenges?

What is the greatest need?

How will the broader political landscape impact this work?

Stage 2: Preparation

The knowledge gathered from stage 1 will be the needed foundation to start building a consult service that meets the needs of your site. While you continue to solidify that foundation, anticipate many months of planning in stage 2.

- Building the Project Proposal
  - Mission/Vision/Values (in collaboration with community PWLLE)
  - Goals and Objectives (in collaboration with community PWLLE)
  - Service delivery
    - Scope - what will be offered at launch vs. what can be added later
    - Coverage
    - Team structure and roles
    - Physical space
  - Budget
    - Salaries/benefits of non-physician staff
      - Guide: Salaries/benefits take 95% of budget; $150,000 (on average, in AB) per FTE
    - Materials and supplies
  - Site Impact
    - Integration and workflow with existing hospital teams (medical and allied health)
    - Pharmacy - may need new protocols/medications
    - Space and equipment
  - Hiring
    - HR considerations
      - Job descriptions, interviews, needed documentation for positions new to the organization (e.g. peer support)
    - Contracts (temporary vs. permanent)
  - Funding
    - Operational
    - Grants
- Team Name (in collaboration with relevant parties)
- Physicians
  - Initial recruitment to support initial scope and coverage
    - Guide: 3.6 FTE (7days/wk) for 9667 substance use-related ED visits (seeing inpatient and ED consults); 1.5 FTE (5d/wk) for 4712 substance-related ED visits (seeing inpatients)
  - Remuneration and overhead
    - Fee for Service or Alternate Plans
    - Consider pagers, billing, and scheduling costs
  - Minimum requirements or training needed
    - OAT initiation through provincial college, online Sublocade® and addiction medicine courses
- Regular meetings with working groups to leverage facilitators and mitigate barriers
  - Site partners (operations, clinical, pharmacy, allied health, and CNE leads)
    - Consider updating or creating site policy and procedures
  - Community partners (community advisory group of PWLLE, community service and clinical providers)
    - Consider developing referral pathways
  - Research partners
- Data collection and metrics
  - Leverage existing EMR tools or create customized tools
  - Consider tracking the number of consults, the source and reason for consult

Preparation

Questions and reflections

Who will lead the project, how will they get remunerated?

Who are the clinical and operational site champions?

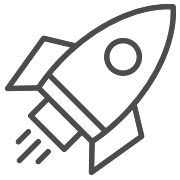
How are site and community needs, constraints and resources learned from Stage 1 incorporated into the project proposal?

How do I recruit physicians (through the site, community or beyond)?

What teams do I need to start having regular meetings with?

Stage 3: Action

During the action stage, the focus is on launching the service, working with the hospital, and managing early challenges. Now that the service is ready to go with the steps we've covered so far, it's time to get things up and running! Collaboration and communication remain key themes in this stage. Expect some bumps along the way and be prepared to address them with the support of your team. Remember your team's core values and try your best to balance competing needs and wants.



- Launching the service and working with the hospital
  - Be proactive and attentive
  - Check in with identified key individuals
  - Set regular meetings with medical directors at your hospital to identify any barriers or developing concerns so they can be addressed
  - Request to be part of site leadership council meetings with other site leads
  - Approach colleague concerns with curiosity, patience, and empathy
    - The approaches your team supports might be new and different than current unit culture and understanding of substance use disorders
  - Be involved in the patient safety review process, if possible
  - Reflect on policies and procedures
    - Consult criteria
    - Consult procedures
    - Follow/sign off decisions
    - How these might evolve over time.

- Managing early challenges
  - Most challenges come from changing culture and building understanding
  - This can take time and requires mutual trust, respect, and humility
  - Example scenarios you could encounter
    - Colleagues in the emergency department express concerns that patients are being provided with injection supplies
    - Surgical nursing staff are uncomfortable administering the high doses of short acting opioids your team ordered
    - Psychiatry staff are concerned about the messaging in the cannabis harm reduction educational materials your team provided for a patient

Action

Questions and reflections

Are there particular units in your hospital where you anticipate staff may need more support and education? How can you support them?

Who did you meet with in the preparation stage? Who should you continue to meet with on an ongoing basis?

Who is likely admitting and consulting most often? Can you plan regular check-ins with leadership to discuss what is working and what isn't?

Can you provide written guidance and resources, in-services, staff educational opportunities to help colleagues understand your team's approach?

How will your processes and information about your team be communicated to your site?

Are there and leadership training opportunities available?

Stage 4: Maintenance

During the maintenance stage, you are working to demonstrate improved care quality, patient outcomes, and health system efficiency. This stage is about evaluation and assessment after a period of operation.

Key areas for evaluation	Examples
Patient access and engagement	• Number of consults • Wait times • Linkage to outpatient services

Quality of care	• Evidence-based treatment initiation
	  ○ OAT
	  ○ Harm reduction
	  ○ Withdrawal management

System impact	• ED referrals • Readmissions • Length of stay • Hospital costs
Patient-centred outcomes	• Satisfaction • Trust • Recovery-oriented measures

If possible, get support from people with experience in data collection and analysis. Some of these outcomes are very complex and require careful and thoughtful assessment. For example, length of stay might increase as patients are now staying in hospital to complete treatments.

Maintenance

Questions and reflections

What are the metrics & data sources (EHR, admin data, surveys)?

Where can I find the baseline data before service launch as a comparator?

Do I have access to dashboards/scorecards for real-time feedback?

How can I incorporate patient voices in evaluation?

Is there an opportunity for continuous quality improvement cycles (PDSA)?

Stage 5: Refinement

Change in the program will be inevitable but can also lead to growth. This could take the form of needing to develop new clinical initiatives or readjusting service delivery because of staffing or funding changes.

When such challenges arise, it is essential to revisit the foundational steps and core values that were used to build the service. The learnings from earlier stages will guide development of effective solutions.

In addition to revisiting earlier steps, consider principles of change management. A successful plan should:

- Include those affected by the change early in the planning process
- Consider human factors like motivations and behaviors
- Directly address barriers to change
- Build in sustainability from the beginning

Refinement

Questions and reflections

What potential challenges, either clinical or operational, could you envision and prepare for that might necessitate changes to your clinical care or service delivery model?

Select an example of a clinical scenario:

- What clinical initiative could improve outcomes?

- Reflect on the earlier stages. What are going to be important steps to return to ensure the success of this new initiative?

- Discuss how this new initiative can effectively be communicated to:
  - The site
  - Your community partners

Throughout development and implementation of the service, feedback from your patients, community, and site partners is critical. Once the service is operational, how can you continue to gather this important feedback to ensure continuous improvement?

How will you approach feedback that is critical of your service? How will you approach staff or units that are reluctant to implement new interventions?

Changes in health policy and shifting priorities in addressing substance use at various levels (municipal, provincial or systems level) can affect your service delivery. Discuss what these changes might look like and how your team can adapt.

Resources

Example of a local research project:
Hann J, Wu H, Gauri A, Dong K, Lam N, Bakal JA, Kirkham A. "Identification of emergency department patients for referral to rapid-access addiction services" *Canadian Journal of Emergency Medicine* 2020:22(2):170-7. doi: 10.1017/cem.2019.453.

Recognizing community member contributions:
Touesnard N, Patten S, McCrindle J, Nurse M, Vanderschaeghe S, Noel W, Edward J, Blanchet-Gagnon M. "Hear Us, See Us, Respect Us: Respecting the Expertise of People Who Use Drugs" 2021. https://zenodo.org/records/5514066#.ZFlKoHbMKUk

Canadian Centre on Substance Use and Addiction. Guidelines for Partnering with People with Lived and Living Experience of Substance Use and Their Families and Friends: https://www.ccsa.ca/sites/default/files/2021-04/CCSA-Partnering-with-People-Lived-Living-Experience-Substance-Use-Guide-en.pdf

Healthcare Excellence Canada. Patient Partner Recognition Guide: https://www.healthcareexcellence.ca/en/resources/patient-partner-recognition-guide/

Addressing Structural Sigma:
Mental Health Commission of Canada. Structural Stigma. https://mentalhealthcommission.ca/structural-stigma

Public Health Approaches to the Toxic Drug Crisis:
Canadian Public Health Association. Position Statement: Public Health Approaches to the Toxic Drug Crisis. 2025. https://www.cpha.ca/sites/default/files/uploads/policy/toxic-drug-crisis/2025-toxic-drug-supply-ps-e.pdf

Peer Support Resources:
Canadian Mental Health Association - Peer Support Canada resources https://pscportal.ca/

Building an addiction medicine consult service:
Braithwaite V, Ti L, Fairbairn N, Ahamad K, McLean M, Harrison S, Wood E, Nolan S. "Building a hospital-based addiction medicine consultation service in Vancouver, Canada: the path taken and lessons learned." *Addiction* 2021 Jul;116(7):1892-1900. doi: 10.1111/add.15383. Epub 2021 Jan 27. PMID: 33339073; PMCID: PMC8862688.

Canadian Medical Association, Change Management Resources:
https://www.cma.ca/physician-wellness-hub/topics/change-management