



# LOUD in the ED 2025

## Learning Session 1 Insights Report

April 30, 2025

Health Quality BC, which does its work throughout the province, would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations Peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətaʔł (Tsleil-Waututh) Nations, where our main office is located.

Health Quality BC also recognizes Métis People and Métis Chartered Communities, as well as the Inuit and urban Indigenous Peoples living across the province on various traditional territories.





# Insights Report

This report presents the emerging insights from the first learning session of the Learning about Opioid Use Disorder in the Emergency Department (LOUD in the ED) 2025 Collaborative.

On April 30, 2025, ED teams from across the province came together to learn from faculty and one another about what they can do to improve care in their settings for people who use substances.



# Insights Report

Rapid Insight® is a powerful approach designed to reveal what facilitated sessions are teaching us about large-scale change. It **creates energy for change** and provides a **springboard** for improvement efforts. The intent of the Rapid Insight® approach is to bring people closer to their own data to help build sustainable change.

Find out more: [NHS Horizons](#)

Our Rapid Insights® team used a variety of methods to collect and analyze data generated by participants during and after the event.



# LOUD in the ED 2025

With the overall aim of **reducing the number of deaths due to BC's ongoing toxic drug crisis**, this provincial collaborative engages ED teams in activities designed to **accelerate** improvement in **OD identification, therapeutic intervention and connection to follow-up**.

This work is informed by provincial working groups with peers and clinical experts and previous provincial improvement initiatives, including LOUD in the ED 1.0.



*LOUD in the ED is delivered in partnership with Emergency Care BC and the BC Centre on Substance Use, with support from health authorities and the Ministry of Health through the Community Action Initiative.*

# Learning Session 1



Introduction to  
LOUD



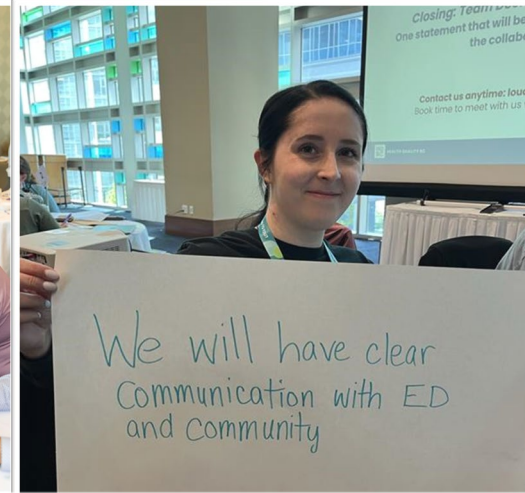
Explored the  
Change Package  
and Measurement  
Guide



Shared our  
Storyboards and  
plans for  
improvement



Connected with  
each other and  
faculty



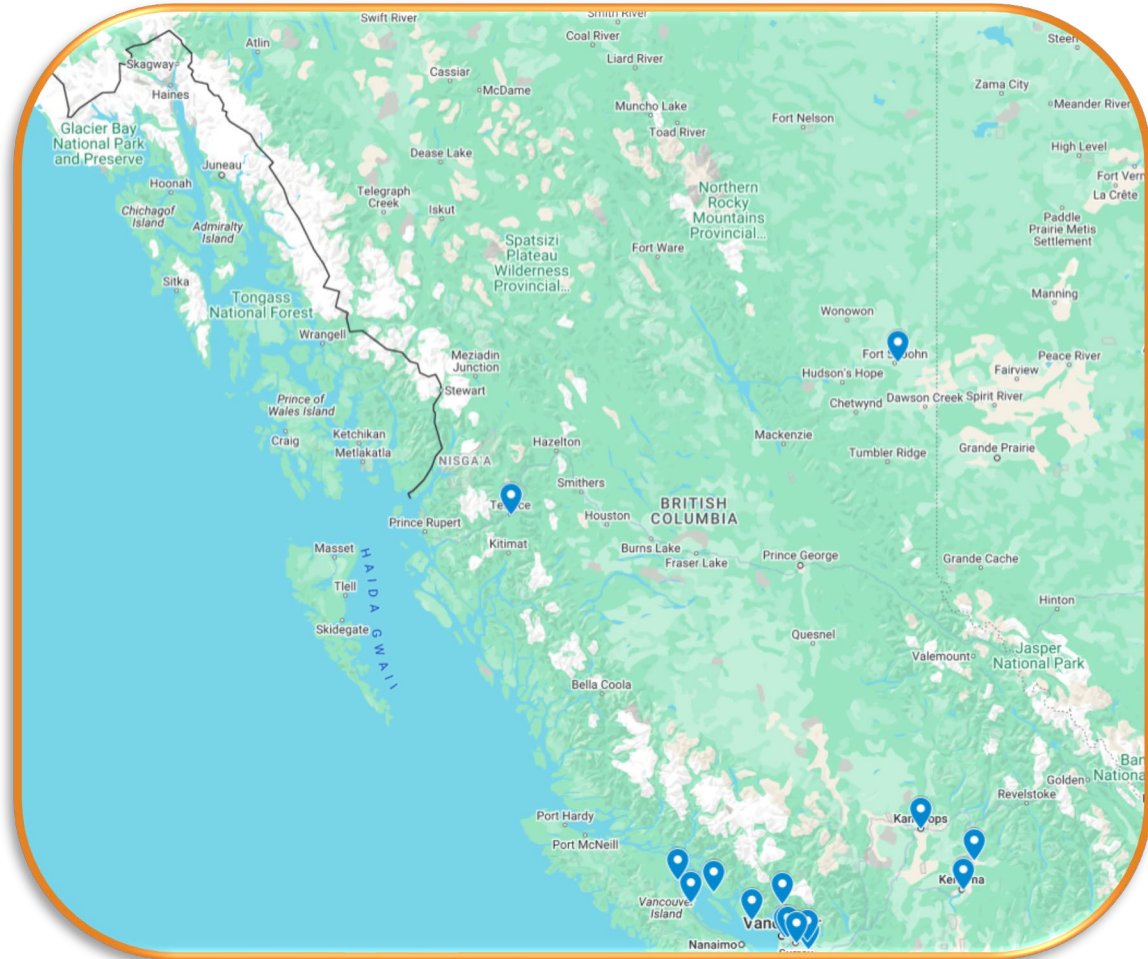
Declared what we  
will accomplish by  
November 2025



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# Participating Teams



## Northern Health

Fort St. John Hospital  
Ksyen Regional Hospital

## Island Health

Campbell River General Hospital  
Comox Valley Hospital

## Fraser Health

Burnaby Hospital  
Langley Memorial Hospital  
Ridge Meadows Hospital  
Surrey Memorial Hospital

## Vancouver Coastal Health

Mount St. Joseph Hospital  
qathet General Hospital  
Sechelt Hospital  
Squamish General Hospital

## Interior Health

Kelowna General Hospital  
Royal Inland Hospital  
Vernon Jubilee Hospital

# Why We're Here

- This collaborative is about coming together, building relationships, sharing challenges, and learning from what works across health authorities
- We co-design the system to see the improvements we need

“

**We are people caring for people**

– Kim Ferraro, ECBC

”



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# The LOUD in the ED Mission is to...

■ Increase the number of patients being provided appropriate OUD interventions by improving OUD identification, therapeutic options and connection to follow-up, with the overall goal of reducing the number of deaths due to BC's ongoing toxic drug crisis.

Key outcomes<sup>1</sup> connected to our mission are:

- ▶ To reduce the percentage of **OUD-identified patients leaving without being seen** by 33% at participating sites, by November 2025. This would bring the average back toward where it was in 2017, around the start of the crisis.
- ▶ To increase the average weekly percentage of **patients receiving appropriate OUD interventions in the ED** to 80% (based on a total weekly number of patients identified with a history of opioid use) by November 2025.

<sup>1</sup> The operational definitions for these metrics can be finalized based on data access across participating sites.

# Problem & Aim Statements

Teams learned how to define the problems they are looking to address at their individual sites and formulate aim statements with improvement goals that align with the collaborative's mission.



Several teams realized that problem definition can:

- Be complex
- Require input from more people on their ED team
- Be informed by baseline data, when possible

**Teams wanted more time to discuss before they could develop their aim statement and goals!**



# First Tests of Change using PDSA Cycles

Teams learned about the Change Package and corresponding toolkits from LOUD in the ED Faculty. They then learned about how we can test changes prior to implementation using the Plan-Do-Study-Act (PDSA) Cycle.



In breakouts, we discussed the Primary Drivers outlined in the Change Package driver diagram:

- **Substance Use Identification**
- **OUD Treatment**
- **Substance Use Harm Reduction**
- **Care Transitions**
- **ED Peer Support Workers**
- **Non-Technical Skill Development**

# First Tests of Change using PDSA



“

“We can’t just jump to implementation. We need to test changes under a variety of conditions to understand if they will lead to improvement.

Unless you fail, you do not understand the boundaries of your improvement work.”

– Michelle Kennedy  
HQBC



# Priority Areas

## Testing Changes

Strengthening Co-Design  
and Connection Across  
the System



Improving and  
Supporting Team-Based,  
Collaborative  
Approaches



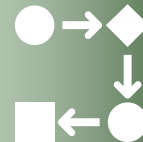
Emerging  
Themes



Creating Safer Spaces  
and Culture Change



Streamlining Processes  
and Providing Clarity



## Strengthening Co-Design and Connection Across the System



- Learn from others and preventing 're-inventing the wheel'
- Inspire creativity and "outside of the box" thinking
- Build relationships locally and regionally to encourage collective problem-solving
- Share helpful tools, resources and experiences across health authorities

**Tips for LOUD Teams:** Consider the impact of having diverse voices in the room. When you create a setting that allows for creative solutioning, you gain buy-in and can accelerate improvement efforts.



## Improving and Supporting Team-Based, Collaborative Approaches



- Strengthen community partnerships for follow-up care
- Build relationships beyond the clinical team (e.g., leadership, security and regional supports)
- Develop pathways and training for peer support role integration
- Increase availability of specialist supports

**Tips for LOUD Teams:** Consider how you might be able to engage with like-minded people in your ED, hospital and community to expand the network that can support patients who present with substance use care needs.

## Creating Safer Spaces and Culture Change

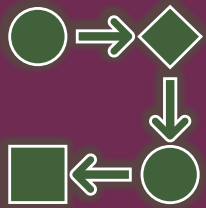


- Prioritize anti-stigma and culture change work
- Education, sharing stories and structural changes needed to shift culture
- Empower patients in care interactions to self-refer and/or seek out supports
- Prioritize recruitment of peer support workers

**Tips for LOUD Teams:** Resisting stigma starts with you. How can you model appropriate behaviors while also teaching colleagues to do the same. Check out the EQUIP guide for tools and exercises you can do as a team to address stigma and culture change in your ED.



## Streamlining Processes and Providing Clarity



- Set the clinical team up for success with tools, protocols, supplies and training
- Reduce cognitive load by clarifying approved practices to increase confidence around prescribing
  - Starting OAT early and offering a variety of medications
  - Offer withdrawal management early in visit
  - Consider nurse prescribing to fill in staffing gaps
- Use tools like order sets and decision support tools

**Tips for LOUD Teams:** Consider how we can make the 'right choice' the easiest option for the clinical team. By supporting clinical care with simple tools and clear guidelines, we can reduce cognitive load and encourage care that is directed by patient goals.

# So many challenges...

Some great progress has been made, and there's a need for continued improvement. It's challenging to strike a balance...

Momentum & motivation are growing...

Promising practices are emerging...

Some areas of care show clear progress...

We are exploring innovative team-based care approaches in the ED (e.g., Addictions Assessment Nurses & PSWs)...



...but energy and resourcing are uneven

...though uptake is slow

...but challenges persist around stigma, care transitions and safety

...but there are limited financial resources and supports available

# ...but even more possibilities!

“ We don't have all the answers, but we need to work together. While it's *challenging*, it's also *exciting*! ”



“ This session is reminding me of why I do what I do. ”



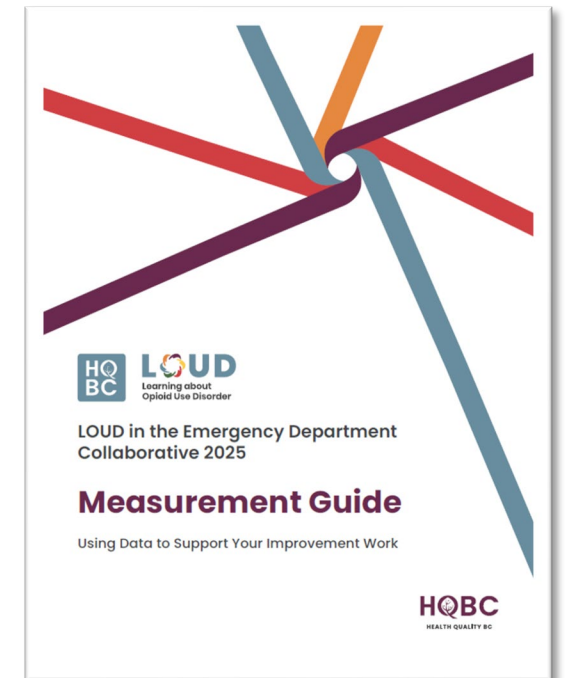
# Measurement for Improvement

Participants learned of the value of measurement for improvement, including how to consider outcome, process and balancing measures in their projects. Measurement answers the critical question of *'how will we know that a change is an improvement?'*

- Measurement for improvement is used **to guide our efforts to change, to monitor our progress, to understand the problem**
- The HQBC coaches and regional analytics teams will support you with measurement and data collection
  - Lack of access to current data **should not prevent you from** getting started on measuring your progress

**“Measurement should be used to speed things up,  
not slow things down.”**

– IHI (1996). Breakthrough Series guide: Reducing delays and waiting times.  
Boston: Institute for Healthcare Improvement.



# Measurement for Improvement

“

“Measurement should be **specific** to your goals...it should work **for** you. Measurement allows you to realize the **achievements** you have made.”

– Colin O’Neill  
HQBC



# Declaring Action!

At the end of the day, team leads were asked to come to the front of the room and make a declaration on behalf of their team:

What is one thing that will be true about your team by November 2025?





# Burnaby Hospital

Fraser Health Authority



Work collaboratively with the primary ED staff. Given the Addiction Assessment Nurse (AAN) is a new role, we will encourage ongoing conversations about our role and integration into the system.



# Campbell River General Hospital

Island Health Authority



Have harm reduction supplies  
readily accessible in the ED.

# Comox Valley Hospital

Island Health Authority



In 6 months, every health care provider will be comfortable discussing and initiating OUD care.





# Fort St. John Hospital

Northern Health Authority



By November 2025, we will have clear communication with ED and community regarding OUD care.

# Kelowna General Hospital and Royal Inland Hospital

Interior Health Authority



We will work on ongoing collaboration with similar sites to share best practices and learning.



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# Ksyen Regional Hospital

Northern Health Authority



A greater number of individuals with OUD will receive appropriate OUD interventions.





# Langley Memorial Hospital

Fraser Health Authority



By November 2025, we will reduce opioid withdrawal medication management time.

# Mount St. Joseph Hospital

Vancouver Coastal Health Authority



In seven months, we will have built some local QI knowledge and skills and have moved toward a culture of improvement.



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# qathet General Hospital

Vancouver Coastal Health Authority



We will decrease the % of AMA discharges in substance use disorder patient population by 10% by Nov 2025.



HEALTH QUALITY BC



# Sechelt Hospital

Vancouver Coastal Health Authority



We will utilize the Cerner power plans more consistently in the ED.

# Squamish General Hospital

Vancouver Coastal Health Authority



Offer take home naloxone kits  
to every patient who screens  
positive.



# Surrey Memorial Hospital

Vancouver Coastal Health Authority



Decrease the percentage of patients left without being seen by 35%.



# Vernon Jubilee Hospital

Interior Health Authority

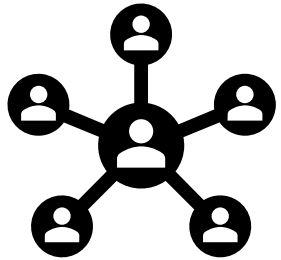


One team. Quality,  
accessible OUD care. No  
stigma!



# Key Learnings

We learned the value of...



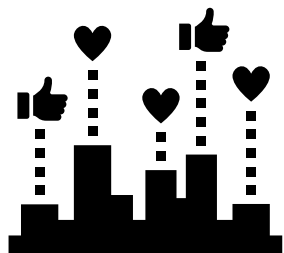
**Community and intentional connection:** Working in this space can feel lonely and isolating, so opportunities for collaboration like this are essential for maintaining momentum and validating each other's experiences



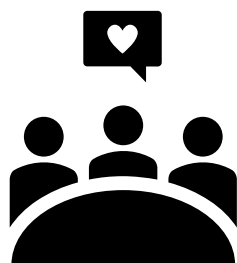
**Dedicated time:** We saw an incredibly dedicated and engaged group of people, coming together for a full day to talk about how we can improve our systems

# Key Learnings

We learned the value of...



**Leveraging work already underway:** There is amazing work already underway across your sites, and we saw the excitement to learn, share and motivate each other to keep it going



**Storytelling:** We each bring unique expertise and experience to this work



# Key Learnings

We learned the value of caring for each other and “not taking ourselves too seriously”

– Syexwáliya, Elder and Knowledge Carrier from Squamish Nation



# Key Learnings

This is lifesaving work, and it is critical that we maintain momentum!

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**“ Access to OAT is fundamental in my journey – it wasn’t a safety net but a trampoline to help me jump to the next part of my journey. ”**

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– Greg Hemminger, Tailgate Toolkit

# The Future is Now

## Next Steps

- Teams engage in first steps of change and share insights with other ED teams
  - Action Period call on May 14
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This is just the beginning, and we're so excited to move forward and see what we can accomplish as a team over the next 6 months!





# Acknowledgements



**The LOUD and Rapid Insights Team:** Cheryl, Chelsea, Andrea, Michelle, Colin, Rachel and Donna

Thank you for allowing  
the Rapid Insights team  
to capture the day!

## **Rapid Insights Team:**

Donna Molina  
Chelsea Hochfilzer  
Andrea Wnuk  
Cheryl Surya  
Michelle Kennedy

# Questions?

Contact us at [loud@healthqualitybc.ca](mailto:loud@healthqualitybc.ca)

