Community Protection and Opioid Stewardship Standards

Mental Health Services Protection Regulation

Alberta

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About these standards

The Community Protection and Opioid Stewardship Standards ("Standards") are made pursuant to the *Mental Health Services Protection Regulation* ("Regulation") under the *Mental Health Services Protection Act* ("Act"). The Standards, along with the Act and the Regulation, set the minimum requirements that a licensed narcotic transition service provider must comply with in the provision of narcotic transition services.

Definitions

1 In these Standards,

(a) "patient" means an individual who receives or has requested to receive health care or narcotic transition services from the service provider;
(b) "Crown fiscal year" is a period of one year beginning on April 1 through to the following March 31;
(c) "institutional pharmacy" means an institutional pharmacy as defined in the Pharmacy and Drug Act;
(d) "licensed pharmacy" means a licensed pharmacy as defined in the Pharmacy and Drug Act;
(e) "service agreement" means the service agreement in the form determined by the service provider and containing the content as set out in Schedule 1;
(f) "service provider" in these Standards means a licensed narcotic transition services provider.

Eligibility criteria

2 A patient is eligible for narcotic transition services if

(a) the patient has been unable to initiate or stabilize on

(i) buprenorphine, and
(ii) methadone or slow-release oral morphine,

(b) the patient is able and willing to attend at the place the narcotic transition services will be provided as needed to receive the narcotic transition services,
(c) the patient has a history of drug use with opioids and severe opioid use disorder (Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]),
(d) the patient shows signs of current opioid drug use confirmed by patient report, signs of drug use and opioid-positive urine toxicology screen, and
(e) the patient and, if applicable, the patient's substitute decision maker agree to the terms of and sign the service agreement.

Duty to assess in timely manner

3 A service provider shall ensure that a patient requesting narcotic transition services is assessed for eligibility in a timely manner.

Patient eligibility assessment

4(1) The assessment of patient eligibility respecting

(a) section 2(a) of these Standards shall be conducted by an addiction medicine physician;
(b) section 2(b) to (e) of these Standards shall be conducted by or under the supervision of an addiction medicine physician.

(2) If an assessment of patient eligibility is conducted under the supervision of an addiction medicine physician, the supervision does not need to be in-person. However, an addiction medicine physician shall be available for consultation as required.

Duty respecting ineligible patients

5 A service provider shall ensure that a patient who is assessed as ineligible to receive narcotic transition services is offered other opioid agonist treatment and is informed of all reasonable alternatives available to treat the patient's opioid use disorder.

Duty to inquire about patient's wishes, beliefs, values and treatment goals

6 A service provider shall ask each patient about the patient's wishes, beliefs, values and treatment goals prior to developing a treatment plan for the patient and on an on-going basis throughout the provision of narcotic transition services.

Duty to develop initial treatment plan for eligible patients

7(1) An initial treatment plan shall be developed for each patient who is determined to be eligible for narcotic transition services and

(a) developed by an addiction medicine physician, set out in writing and approved by the addiction medicine physician, or
(b) drafted, forwarded to an addiction medicine physician for review immediately upon completion and reviewed by an addiction medicine physician

within 48 hours of completion of the eligibility assessment of the patient.

(2) In developing the initial treatment plan for the patient, all relevant information reasonably available to the service provider shall be taken into account, including

(a) the patient's clinical condition and prognosis, and
(b) the wishes, beliefs, values and treatment goals of the patient, to the extent they are known.

Content of initial treatment plan

8 An initial treatment plan shall contain at a minimum

(a) an assessment of eligibility to receive narcotic transition services and the information the assessment was based upon,
(b) the drugs and the dosages of those drugs that will initially be prescribed for the patient,
(c) all information relevant to the determination of the drugs and dosages to be prescribed,
(d) other planned treatment or service provision to support recovery and appropriate, holistic treatment and care for the patient, and
(e) any other information the medical director requires be included in a treatment plan.

Duty and authority of addiction medicine physician reviewing initial treatment plan

9 An addiction medicine physician who receives an initial draft treatment plan shall review the draft plan as soon as possible and may

(a) approve the draft treatment plan if the treatment plan is appropriate,
(b) make any changes to the draft treatment plan and approve the amended treatment plan,
(c) request additional information required to assess the draft treatment plan if information needed has not been provided, or
(d) refuse to approve the draft treatment plan where, in the opinion of the addiction medicine physician, the patient is ineligible to receive the narcotic transition services.

Patient consent requirements

10 As part of the process of obtaining consent, the service provider shall ensure that part of the consent process includes

(a) a review of all content in the service agreement with the patient and, where applicable, the patient's substitute decision-maker,
(b) an opportunity for the patient and, where applicable, the patient's substitute decision-maker to ask questions,
(c) steps taken to ensure that the patient and, where applicable, the patient's substitute decision-maker understand the content of the service agreement, and
(d) information on reasonable alternatives to narcotic transition services for the patient.

Duty to read and explain service agreement

11 If the patient or substitute decision-maker is having difficulty understanding the discussion or reading the service agreement, the discussion and contents of the service agreement shall be read and explained to the patient or substitute decision-maker, with the assistance of an interpreter if necessary.

Duty to discuss with patient where consent obtained from substitute decision-maker

12 Where consent is necessarily obtained from a patient's substitute decision-maker, the content of the service agreement shall be discussed with the patient, and an opportunity shall be provided to the patient to ask questions, to the extent that the patient has the capacity to understand the information provided and to ask questions about the patient's prospective receipt of narcotic transition services.

Duty to document consent

13 The service provider shall ensure that consent is appropriately documented after the processes referred to in sections 10, 11 and 12 of these Standards have been completed.

Service agreement content requirements

14(1) The service agreement that shall be used by the service provider shall contain the content set out in Schedule 1 of these Standards.

(2) The service provider may add additional content to the service agreement, so long as the additional content does not conflict with the content required in Schedule 1, and may determine the form of the service agreement.

Duty to sign service agreement

15 If

(a) a patient is eligible to receive narcotic transition services,
(b) a patient or substitute decision-maker has provided consent, and
(c) a patient and the patient's substitute decision-maker, if applicable, have received an explanation of the service agreement, been provided adequate opportunity to ask questions about the service agreement and have those questions answered, and understand the content of the service agreement,

the patient or substitute decision-maker, as applicable, and a person authorized by the service provider to sign on behalf of the service provider shall sign the service agreement.

Initiation of service provision

16 A patient may begin to receive narcotic transition services when

(a) consent has been obtained,
(b) the service agreement has been signed by the patient or substitute decision-maker, as applicable,
(c) the patient's eligibility to receive narcotic transition services has been determined or confirmed by an addiction medicine physician, and
(d) a treatment plan for the patient has been approved by an addiction medicine physician.

Duty to offer copy of service agreement and treatment plans

17 A patient, and the patient's substitute decision-maker where applicable, shall be offered a copy of the service agreement and the treatment plan, including any revised treatment plans.

Review of subsequent treatment plans

18(1) Subject to subsection (2), where an initial treatment plan for a patient has been approved by an addiction medicine physician further to sections 7 and 9 of these Standards, and narcotic transition services are initiated for the patient, the treatment plan shall be reviewed and amended by an addiction medicine physician within one week of initiation of the narcotic transition services, and, at a minimum, subsequently as follows:

(a) once a month for the first six months of service provision;
(b) once every three months after the first six months of service provision.

(2) Where, under section 23(3) of the Regulation, the duty to make best efforts to transition a patient does not apply, the treatment plan for that patient shall be reviewed by an addiction medicine physician, at a minimum, at six-month intervals.

(3) When reviewing a treatment plan, the addiction medicine physician conducting the review shall take into account all relevant information provided, including

(a) all information contained in the draft treatment plan, including the patient's clinical condition and prognosis,

(b) the wishes, beliefs, values and treatment goals of the patient, to the extent they are known, and
(c) the anticipated benefits and harms for the patient's health of the continuation of the narcotic transition services.

Content of subsequent treatment plans

19 Treatment plans that are completed by an employee and approved by an addiction medicine physician subsequent to the initial treatment plan shall contain at a minimum

(a) a review of any transitions in prescribing to or from designated narcotic drugs,
(b) an assessment of the patient's progress and plan for next steps, including the drugs and the dosages of those drugs that will be next prescribed for the patient,
(c) a summary of any barriers to transition from designated narcotic drugs to other opioid agonist treatment and any plans to support the patient in addressing the barriers,
(d) other planned treatment or service provision to support recovery and appropriate, holistic treatment and care for the patient, and
(e) any other information the medical director requires be included in a treatment plan.

Duty to provide other services

20 A service provider shall provide the following services to patients at the facility or other location at which narcotic transition services are provided:

(a) mental health services, which shall include psychiatric assessment, diagnosis and treatment of concurrent mental disorders;
(b) addiction counselling;
(c) care to address complications related to the narcotic transition services;
(d) substance use monitoring, including biologic monitoring as appropriate.

Psychiatric assessment, diagnosis and treatment of concurrent mental disorders

21(1) A service provider providing narcotic transition services shall provide the psychiatric services required in section 20(a) of these Standards by one or more psychiatrists who must each be available to provide such services at every facility or other location at which the service provider provides narcotic transition services.

(2) The psychiatric services required in section 20(a) of these Standards may be provided by videoconference or any other means of telecommunication as well as in person.

Mental health services and addiction counselling

22 Mental health services and addiction counselling provided by the service provider shall include the following as appropriate:

(a) non-judgmental support and advice;
(b) assessment of the patient's motivation and barriers to transition from designated narcotic drugs to other opioid agonist treatment;
(c) development and regular review of a treatment plan with the patient;
(d) promotion of alternative strategies for addressing adverse life-events, coping, or managing stress or other personal issues.

Duty to provide referrals to other services

23 A service provider shall provide referrals to health, recovery support and social services when it does not provide such services directly, including the following:

(a) family physicians, general practitioners or nurse practitioners for comprehensive primary care services;
(b) specialist treatment or care;
(c) social supports, including:
    (i) housing support services;
    (ii) employment support or vocational training services;
    (iii) income-assistance programs;
    (iv) family services;
    (v) life-skills education;

(vi) legal support services.

Duty of service provider to provide appropriate, informed referrals

24 A service provider, prior to providing referrals to health, recovery support and social services for patients, shall

(a) identify, document and effectively communicate with its employees as needed persons who provide quality health, recovery support and social services to refer patients as appropriate,
(b) build effective referral procedures with identified persons patients may be referred to, and
(c) have sufficient information of local and other resources related to such services including

(i) waitlists,
(ii) costs to patients,
(iii) practitioner expertise and approach,
(iv) location of the services and distance required to travel to receive the services, and
(v) hours of operation

in order to provide informed referrals to patients appropriate to their needs.

Duty to provide supportive assistance to patients to facilitate referrals

25(1) A service provider, prior to providing a referral to health, recovery support and social services for a patient, shall

(a) identify with the patient any real or perceived barriers to the patient in following up on a referral,
(b) take into account the patient's barriers in making a referral to a particular person,
(c) create a plan with the patient to support the patient in following up on a referral, taking into account the patient's barriers, which plan is not limited to but shall include the following as applicable where the patient consents to such assistance:

(i) making an appointment for a referral on behalf of the patient,
(ii) supporting the patient in learning new techniques to make and keep appointments,
(iii) providing the patient with appointment reminders,
(iv) assisting the patient in determining how the patient can travel to the appointment on the date and time in question, and providing information to the patient to support the patient in travelling to the appointment, and
(v) assisting the patient, where applicable, in accessing potentially available financial assistance to access a particular service where cost is a barrier.

(2) A service provider shall implement a plan created under subsection (1)(c), and provide the patient with the assistance outlined in the plan and any other assistance that may reasonably be provided to the patient in supporting the patient to follow up on a referral.

Duty to assign case manager for each patient

26(1) A service provider shall assign a case manager for each patient to support the provision of narcotic transition services and referrals to other services as appropriate.

(2) Case managers shall:

(a) monitor barriers and progress towards treatment plan goals,
(b) play a coordinating function within the service provider's care team and with relevant external health care providers,
(c) play a coordinating function to appropriately facilitate, manage and support any referrals to other non-health service providers, and
(d) support active consideration of the patient's wishes, beliefs, values and treatment goals as important factors in the services provided, including any referrals made to other service providers.

Restrictions on fentanyl prescription and administration

27 A service provider and an employee of a service provider shall refrain from prescribing or administering fentanyl for or to a patient whenever possible, and may only do so if approved by the medical director for the patient in keeping with any requirements directed by the medical director.

Prohibition on specified drug formulations

28 A service provider shall ensure that a designated narcotic drug is not prescribed, administered, dispensed or sold in a formulation that may be taken by a patient out of the facility or other location at which narcotic transition services are provided.

Costs for services not provided by the service provider

29 A service provider who refers a patient to services provided by a person who is not an employee of the service provider is not responsible for the costs of the services provided to the patient.

Best efforts to transition patients

30 The duty of a service provider to ensure that best efforts are made to transition patients from designated narcotic drugs to opioid agonist treatment services that use opioid agonist drugs other than designated narcotic drugs shall include

(a) aiming to support patient transition at the earliest reasonable time possible where an attempt at transition is appropriate for the patient,
(b) consideration of the use of both designated narcotic drugs and other opioid agonist drugs to support the patient as clinically indicated, and
(c) recognizing that, for some patients, more than one attempt may be necessary to successfully transition the patient from designated narcotic drugs to other opioid agonist drugs.

Duty to contact patient if patient absent

31 A service provider shall make reasonable efforts to contact the patient when the patient does not attend as planned at the facility or other location where narcotic transition services are provided for a period of more than 24 hours for the purpose of appropriately supporting the patient respecting the patient's opioid use disorder and attempting to mitigate risk for the patient.

Duty to notify contacts if patient absent

32 A service provider shall make reasonable efforts to contact the following persons when a patient does not attend as planned at the facility or other location where narcotic transition services are provided for a period of more than 24 hours for the purpose of attempting to mitigate risk for the patient:

(a) any contacts designated for this purpose by the patient;
(b) any relevant physician or other primary care provider who the service provider reasonably believes has or may have provided services to the patient;
(c) a substitute decision-maker of the patient's, if applicable.

Temporary exclusion of patients

33(1) A patient who has been receiving narcotic transition services may be temporarily refused access to the services, including any other related services, for the following reasons:

(a) the patient is threatening or violent toward patients, employees, visitors or other persons at or near the facility or other location at which the services are provided,
(b) the patient refuses to follow reasonable employee direction, or
(c) there is evidence that the patient is selling, buying or sharing illicit substances at the facility or other location where the services are being provided to the patient.

(2) Upon initiating a temporary refusal of access to the service, the service provider shall

(a) inform the patient verbally and in writing

(i) that they have been temporarily refused access to the services,
(ii) of the reason for the temporary refusal,
(iii) on what date and time the patient may return for the services, and
(iv) the process, if any, by which the patient shall be granted access,

(b) ensure the patient is offered oral opioid agonist treatment drugs for treatment during the patient's period of temporary refusal of access as ordered by an authorized prescriber, and
(c) ensure a plan for treatment and follow up is created, including clear expectations for the patient's return, where the temporary exclusion will be for a period of more than 24 hours. Where possible, this plan shall be created in consultation and partnership with the patient.

Prohibitions respecting discharge of patients

34 A service provider must not discharge a patient based solely on the patient's

(a) inability to successfully transition off of designated narcotic drugs,

(b) absence from the facility or other location at which the narcotic transition services are provided for a period of 30 days or less, or
(c) successful transition off of designated narcotic drugs until such time has passed that, in the opinion of an addiction medicine physician, the patient is unlikely to be in further need of narcotic transition services.

Authority to discharge patients

35 A service provider may discharge a patient when appropriate and not in contravention of section 34 of these Standards, including

(a) when, in the opinion of two addiction medicine physicians of the service provider, the harm being caused to the patient by the narcotic transition services significantly outweighs any benefit of the services for the patient,
(b) when

(i) the patient repeatedly behaves in a manner that leads to the patient's temporary exclusion from the facility or other location at which the narcotic transition services are provided under section 33 of these Standards,
(ii) best efforts to work with the patient to address the issues leading to the repeated temporary exclusions have been unsuccessful, and
(iii) two addiction medicine physicians are of the opinion that the discharge is appropriate,

or

(c) when the patient has failed to attend at the facility or other location at which the narcotic transition services are provided for a period of more than 30 days.

Duties respecting patient discharge

36 Where a patient is being discharged as a patient of the service provider, the service provider shall

(a) develop a discharge plan with input from the patient whenever reasonably possible or, where such development is not reasonably possible, make discharge decisions and document those decisions,
(b) make reasonable efforts to notify the patient of the discharge and any discharge decisions relevant to the patient in instances where a discharge decision was made without input from the patient and the patient is unaware that the discharge decision has been made,
(c) make reasonable efforts to notify of the discharge any substitute decision makers and any contacts previously specified by the patient for this purpose, and
(d) make reasonable efforts to notify any relevant known health care providers of the patient and provide any relevant details of the discharge plan to such health care providers if the disclosure of information will, in the service provider's opinion, support appropriate continuity of care or mitigation of risk for the patient.

Duties when developing and implementing discharge plan developed with patient input

37 Where a discharge plan is developed with input from the patient in accordance with section 36(a) of these Standards, the service provider shall ensure that:

(a) the patient's input is sought on whether there are any persons the patient would like information disclosed to, other than health care providers, for the purpose of providing support to the patient after discharge,
(b) consent is obtained from the patient as needed, and in accordance with the Health Information Act, to disclose the patient's health information to persons identified in subsection (a) by the patient, and
(c) when consent is obtained to disclose information under this section, the service provider only discloses the amount of health information that is essential to enable the recipient of the information to provide the intended support.

Additional duties of the service provider

38 The service provider shall ensure:

(a) the safe and effective care of patients in each facility or other location where the narcotic transition services are provided,
(b) that the duties of all personnel are written and understood, with the exception of medical personnel which is the responsibility of the medical director,
(c) that procedures and equipment are appropriate and safe,
(d) that arrangements are in place for the emergency transfer to and admission of patients at hospitals as needed,
(e) that sufficient numbers and types of appropriately qualified and trained personnel are present during service provision,

(f) the security of designated narcotic drugs,
(g) that only authorized employees will have access to designated narcotic drugs, and
(h) that all activity involving designated narcotic drugs is documented in one central registry of the service provider.

Duties of the medical director

39 The medical director shall:

(a) provide medical and clinical leadership,
(b) be responsible for evaluating relevant evidence,
(c) be responsible for the creation of clinically related policies and procedures, protocols or guidelines, and for leading any changes to the policies, procedures, protocols or guidelines,
(d) be responsible for evaluating and providing for use any external evidence-based clinical guidelines or protocols,
(e) ensure that all clinically-related policies, procedures, protocols or guidelines are appropriate, and support the safe and effective care of patients in each facility or other location where narcotic transition services are provided before their approval, implementation or updating,
(f) ensure that appropriate and up-to-date clinically-related policy and procedure manuals are in place,
(g) ensure that the duties and responsibilities of all medical personnel are written and understood,
(h) ensure that all physicians are adequately privileged by the service provider,
(i) be involved in the hiring of medical personnel and decide who shall be offered medical positions and privileges within the context of the service provider's policy and procedure,
(j) make recommendations respecting sufficient numbers and type of appropriately trained personnel to be present during service provision, and
(k) ensure that a quality assurance process is in place that identifies and monitors medical complication rates and outcomes involving the multiple health care professionals within the facility or other place where narcotic transition services are provided.

Duty to advise medical director when request for additional information for patient assessment is made

40 Where a request for additional information to assess a proposed treatment plan is made, details of the request shall be relayed by the addiction medicine physician to the medical director for the purpose of improving the quality of assessments and the information provided for reviews of assessments.

Duty to ensure access to consultation or review by an addiction medicine physician

41 The service provider shall ensure that one or more addiction medicine physicians are available as needed for

(a) consultation by employees, and

(b) timely review of initial or other treatment plans.

Duty to ensure availability for consultation by non-licensed service providers

42 The service provider shall ensure that employees are available as required for consultation by non-licensed service providers in accordance with section 16(1)(c) and (e) of the Regulation.

Policies and procedures required

43 A service provider shall ensure that written policies and procedures are established, implemented and periodically reviewed respecting the following:

(a) patient assessment;
(b) supporting patient success;
(c) treatment of patients with dignity and respect;
(d) medication administration and prescriptions;
(e) referrals;
(f) notifications respecting patient absence;
(g) temporary exclusion of patients from service provision;
(h) discharge;
(i) criminal record checks, vulnerable sector searches and ongoing employee duty to disclose criminal charges or convictions.

Patient assessment policy and procedure

44 A service provider shall have a patient assessment policy and a patient assessment procedure setting out how to assess patients referred or otherwise presenting for narcotic transition services.

Required content of patient assessment procedure

45 The procedure shall include the steps that must be followed to assess each patient in accordance with the eligibility criteria set out in these Standards.

Supporting patient success policy and procedure

46 A service provider shall have a supporting patient success policy and procedure that supports the following:

(a) an approach using strategies to support patients, including communicating and interacting with patients in a patient-centred, trauma informed and recovery-oriented manner that demonstrates respect, acceptance and compassion, without judgment or discrimination towards patients;
(b) developing, enhancing and maintaining connections with community agencies and partners to fill existing gaps and enhance narcotic transition services and supports to patients;
(c) seeking and valuing input from patients in the further development of narcotic transition services and options for referrals;
(d) recognizing and addressing, to the extent reasonably possible, the health and social needs of patient populations vulnerable to poor health outcomes;
(e) messaging clearly to employees that stigma and discrimination towards patients is not acceptable;
(f) promoting patients' improved health, wellness and recovery.

Referrals policy and procedure

47 A service provider shall have a referrals policy and procedure setting out the goals and important aspects of referrals for patients, and how referrals must be tracked and documented.

Notifications respecting patient absence policy and procedure

48(1) A service provider shall have a notifications respecting patient absence policy to set out details of the importance of contacting or notifying persons as required in these Standards if a patient fails to attend for narcotic transition services.

(2) The policy shall address the aims to

(a) appropriately support the patient, and
(b) mitigate risk for the patient where reasonably possible.

Required content of notifications respecting patient absence procedure

49 A service provider shall have a notifications respecting patient absence procedure to set out

(a) who shall be contacted or notified,
(b) of what,
(c) in what circumstances, and
(d) the process for notifying required persons.

Discharge policy and procedure

50 A service provider shall have a discharge policy and procedure to address the approach to discharge, including when patients may be discharged as patients and in what circumstances patients must not be discharged.

Discharge plan policy or procedure required processes

51 The discharge plan policy or procedure shall include processes to appropriately address

(a) how to support patients who are transitioning to a different service provider,
(b) how to support patients who will be unable to access the narcotic transition services for a period of more than 30 days,

(c) patients who cease attending the facility or other location where narcotic transition services are provided to receive narcotic transition services for a period of more than 30 days where it is unknown or unlikely that the patient will be able to attend in the near future,
(d) patients who are discharged from the program for other reasons,
(e) the development of a discharge plan or other discharge decisions, and
(f) the process for notifying persons as required in section 36 of these Standards that the patient has been discharged.

Training and qualification requirements for employees

52 A service provider shall ensure that each employee who will or may be interacting directly with patients, regardless of the employee's role in service provision, is qualified, or completes training before interacting with patients to become qualified, in matters including:

(a) trauma-informed care;
(b) how to engage with all patients as individuals in a respectful way, and foster open, inclusive, honest and compassionate relationships;
(c) cultural competency, including Indigenous health cultural competency, and how to engage with all patients in a culturally safe way;
(d) appropriate intervention in the case of suspected drug overdose.

Criminal record check requirements

53(1) A service provider shall require that a criminal record check satisfactory to the service provider that is dated not more than 90 days prior to a written offer of employment from the service provider is provided by the individual who has applied for and been selected to fill an employee position with the service provider.

(2) If an individual, who has applied for and been selected to fill an employee position with the service provider, has been an employee of the service provider in a position unrelated to narcotic transition services prior to the written offer of employment respecting narcotic transition services, the service provider may require an updated criminal record check satisfactory to the service provider.

Vulnerable sector search requirements

54(1) A service provider shall require that a vulnerable sector search satisfactory to the service provider that is dated not more than 90 days prior to a written offer of employment from the service provider is provided by the individual who has applied for and been selected to fill an employee positon with the service provider if the individual is offered an employment role that would place the individual in a position of trust and authority over patients.

(2) Employees in a position of trust and authority over patients include any of the following:

(a) employees providing medical care;
(b) employees administering drugs;
(c) employees providing counselling;
(d) employees providing security or protective services;
(e) employees otherwise responsible for the well-being of patients while narcotic transition services are being provided at the facility or other location where the services are provided.

Requirement for on-going disclosure of criminal charges or convictions

55 A service provider shall require all employees to disclose to the service provider on an ongoing basis any criminal charges or convictions as soon as reasonably possible.

Duty to create and maintain records

56 A service provider shall create and maintain records containing the following:

(a) in respect of each patient,

(i) records of any consultations conducted further to section 42 of these Standards, and
(ii) records of any referrals made;

(b) in respect of each employee,

(i) records of any information from the employee of any new criminal charges or convictions disclosed by the employee as required under section 55 of these Standards.

Reporting requirements respecting service utilization

57(1) A service provider's report respecting service utilization shall be submitted to a director every three months on dates to be determined by a director.

(2) The quarterly report respecting service utilization shall include the following information, reported in a manner that sets out the information based on services provided at each facility or other location at which the narcotic transitions services are provided:

(a) total number of active patients;
(b) number of patients based on the length of time patients have been receiving narcotic transition services in the following categories:
  (i) from initiation of the services to three months after initiation of the services;
  (ii) from three months to one year after initiation of the services;
  (iii) from one year to two years after initiation of the services;
  (iv) more than two years after initiation of the services;
(c) number of patients discharged;
(d) number of patients temporarily excluded;
(e) number of patients transitioned to other opioid agonist services that use opioid agonist drugs other than designated narcotic drugs and are provided by the service provider;
(f) number of patients for which the duty to make best efforts to transition in section 23 of the Regulation no longer applies;
(g) number of patients using each type of drug;
(h) number of patients receiving care to address complications related to the narcotic transition services;
(i) number of patients referred to the following services:
  (i) opioid agonist services that use opioid agonist drugs other than designated narcotic drugs provided by a different service provider;
  (ii) family physicians, general practitioners or nurse practitioners;
  (iii) specialist treatment or care;
  (iv) housing support services;
  (v) employment support or vocational training services;
  (vi) income-assistance programs;
  (vii) family services;
  (viii) life-skills education;
  (ix) legal support services.

Reporting requirements respecting complaints received from patients

58(1) A service provider's annual report respecting complaints received from patients, or persons acting on behalf of patients, shall apply to the last Crown fiscal year and shall be submitted to a director within 60 days of the end of the last Crown fiscal year.

(2) A service provider's annual report respecting complaints received from patients, or persons acting on behalf of patients, shall include the following information:

(a) the number of complaints received;
(b) the number of complaints as related to the following categories:
  (i) service delivery;
  (ii) patient abuse or neglect;
  (iii) staffing issues;
  (iv) medical issues, including those related to medications;
  (v) patient safety issues;
  (vi) state of the facility;
  (vii) failure to respond to a complaint or, in the complaint's opinion, to address a complaint adequately;
(c) the number of complaints resolved;
(d) the number of complaints outstanding.

Schedule 1 – Content of Service Agreement

- Not everyone needs these services. To start the services, the doctor needs to say this is the right kind of treatment for me. The treatment team will let me know what they recommend after my assessment is complete.
- The doctor may say these are not the right kind of medications for me. If that happens, the doctor will offer me other medications to treat my addiction to opioids.
- The services include medications that are not usually used for addiction treatment. The doctor may prescribe these because the usual medications have not worked for me in the past. I will likely use the new medications for a short time because they are not meant for long term treatment. I can use them to help me stabilize so that I can move on to other medications that are usually used to treat addiction.
- The treatment team will offer me other services when I come to receive my medications. These services are offered to help me improve my health as part of my treatment plan. The treatment team will also offer me other health services. They may also offer me other services like housing, employment and income supports.
- The treatment team will provide me with information about the benefits and risks of any medications prescribed for me. The treatment team will provide me with information about how I will get my medications. I agree to take medications as prescribed to treat my addiction to opioids.
- I understand that I must come to the clinic each day, and sometimes more than once a day, to receive my medications.
- The treatment team is here to support and help me. I have the right to be treated with respect. The team also has the right to be treated with respect. We will work as partners. If I have questions, I can ask them. If I have concerns, I will let them know. They want to know how I think things are going with my treatment.
- A team member will do an assessment to make sure it is safe for me to receive my medications before I receive them. If it is not safe, I may receive less or I may need to wait until I can receive my medications.
- I agree to have tests needed to help keep me safe, or to help see how the treatment is going. This is part of my treatment plan. My team will tell me about testing before they do it and I can ask questions about it.
- I understand I must stay at the clinic for a while after I receive my medications to help keep me safe. If an emergency occurs and my health is at risk, a team member may give me medications or take other steps to protect my health.
- I agree to do my best not to take other medications or drugs that my treatment team does not know about as this could harm me or cause my death. I will let my team know if I take other medications or drugs so they can adjust my treatment to try to reduce harm to me.
- If I want to stop taking these medications, I will talk to my treatment team. Stopping without help from my team could harm me. My team can help me make changes in a way that will help lessen the chance of harm to me.
- I will let my treatment team know if I cannot come to take my medications. I will let my treatment team know if there are other changes that may affect my treatment plan. This will help them give me the best possible treatment.
- My treatment team will work together for my benefit. They may share information to do that. There may be times when they need to share information with other teams, such as if I were sick in the hospital. My treatment team will keep my information confidential. My team can share my information if I agree to share it or privacy laws allow them to share it.
- I may not be able to safely drive a vehicle, operate equipment or do other things after I receive my medications. I agree not to drive a vehicle, operate equipment or do other things that may be dangerous after receiving my medications. I understand it is my job to make sure I have safe transportation after receiving my medications.
- I agree I will not bring outside drugs into the clinic during my treatment.
- I agree to treat team members and other patients with respect. I may not be able to come to the clinic if my behaviour puts people at risk of harm or makes it hard for the team to work. I am responsible for how I act. I will work with the team to develop a plan if I am asked to leave the program for a short time.
- If I cannot meet the treatment requirements or if the treatment is harming me more than helping me, then I may have to stop this treatment. The team will be fair and may decide I am not able to continue with this treatment if they have serious concerns about my safety. If the doctor says this is the right kind of treatment for me, I can start the treatment if I sign this service agreement. If I have a legal representative who makes health decisions for me, they will sign this service agreement. Before I sign this service agreement, it is important I understand it. After a team member has explained it to me, I can ask questions about it. I have a right to ask questions and have my questions answered.
- If I want a copy of this agreement or a copy of my treatment plan, I can get one from my treatment team.