

Addiction Nursing Competencies: Assessment

A Comprehensive Toolkit for the Addictions Nurse

Corresponding Manuscript:

Wason, Kristin MSN, NP-C, CARN; Potter, Annie MSN, MPH, NP-C, CARN-AP; Alves, Justin RN, ACRN, CARN; Loukas, Vanessa L. MSN, FNP-C, CARN-AP; Lastimoso, Charmaine MSN, MPH, NP-C; Sodder, Shereen BA; Caputo, Andrea DNP, FNP-C, CARN-AP; LaBelle, Colleen T. MSN, RN-BC, CARN, Addiction Nursing Competencies, *JONA: The Journal of Nursing Administration*: September 2021 - Volume 51 - Issue 9 - p 424-429 doi: 10.1097/NNA.0000000000001041

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Introduction

The nursing scope of practice includes extensive training in chronic disease management and patient education, making nurses ideally suited to deliver care to persons with substance use disorders across the spectrum of disease severity and remission. The entirety of the nursing workforce is needed to address the continuum of substance use, prevent the progression of disease, and address the harms associated with substance use (1).

Healthcare consumers expect and deserve proficiency from the nurses who care for them. Competency frameworks provide clear expectations of clinicians and organizations and are utilized to train nurses and assess their ability to provide patient care (2). The Addiction Nursing Competencies are intended to inform and guide nursing practice in the provision of comprehensive, evidence-based care to persons with substance use disorders. These competencies aim to support a holistic approach to patient care, focusing on an individual's strengths, motivation, and personal definition of recovery. Paired with tools such as medications for addiction treatment and harm reduction strategies, this toolkit strives to enable nurses to safely and effectively deliver care to persons across the spectrum of the substance addiction from active use to sustained recovery.

How to Use the Addiction Nursing Competencies Toolkit

The Addiction Nursing Competencies consist of three documents: *Foundation*, *Assessment*, and the *Skills Checklist*. This stratified approach captures the expansive principles of nursing theory that form critical knowledge and skills. The combined use of these tools aims to promote a standard of care in addiction nursing practice by providing groundwork for both administrative and front-line nurses to assess knowledge, provide education, and build concrete skills in addiction nursing care.

Document 1: Foundations

This higher-level document outlines the theoretical framework of quality addiction nursing care, including essential nursing knowledge, attitudes, and behaviors. Foundation sets the stage for the non-judgmental, empathetic and comprehensive approach to patient care and harm reduction philosophy.

Foundation is based on and adapted from the *Massachusetts Nurse of the Future: Nursing Core Competencies* (March 2016) by the Massachusetts Department of Higher Education Nursing Initiative (3). The Nurse of the Future: Nursing Core Competencies was chosen as a guiding document as it synthesized competencies from other states, current practice standards, education accreditation criteria, national initiatives, and projected patient demographic and health care profiles.

Document 2: Assessment

Assessment is a bridge document that may be used at the both the management and individual nurse level, to structure the assessment of nursing knowledge and skills when caring for persons with substance addiction. This document includes learning objectives paired with nationally recognized supportive education to promote evidence-based knowledge.

Document 3: Skills Checklist

This final document outlines concrete steps of the nursing process for specific skills to determine the proficiency of an individual nurse. This tool can be used for nurses' self-assessment and training, as well as by administrators to determine nurse proficiency in each skill.

Definitions of Commonly Used Acronyms

OBAT: Office-Based Addiction Treatment

SUD: Substance use disorder

ODU: Opioid Use Disorder

MOUD: Medications for Opioid Use Disorder

COWS: Clinical Opiate Withdrawal Scale

SMART: Self-Management and Recovery Training

HRC: Harm Reduction Coalition

nPEP: Non-occupational post-exposure prophylaxis for HIV

PrEP : pre-exposure prophylaxis for HIV

SCOPE: Safer/Competent Opioid Prescribing Education

CIWA: Clinical Institute Withdrawal Assessment for Alcohol

Assessment

Safety

Safety		
Knowledge	Skills	Supportive Education
Apply Substance Use Disorder specific guidelines and organization-specific policies related to buprenorphine and naltrexone utilization.	<input type="checkbox"/> Organization protocol review	<input type="checkbox"/> Supervisor/on-boarding nurse review of site-specific protocols and procedures.
	<input type="checkbox"/> Confidentiality protocol/regulation review	<input type="checkbox"/> Up to date information of 42 CFR Part 2: <ul style="list-style-type: none"> • FOCUS: PHI¹ • Legal Action Center²
Identify Opioid Treatment Program/Methadone treatment specific federal and state guidelines and organization specific policies.	<input type="checkbox"/> Federal and State regulation review	<input type="checkbox"/> Federal Guidelines for Opioid Treatment Programs, SAMHSA Department of Health and Human Services (HHS), January 2015. ³ <input type="checkbox"/> Drug Enforcement Agency final rule to mobile unit opioid treatment programs ⁴ <input type="checkbox"/> Supervisor/on-boarding RN review of state-specific and institutional protocols and procedures.
	<input type="checkbox"/> Organization protocol review	<i>See your supervisor for organization protocols.</i>
Safely and effectively address errors and incidents in workplace.	<input type="checkbox"/> Describe the process for Incident Reporting per institutional policy	<input type="checkbox"/> Supervisor/on-boarding RN review of site-specific protocols and procedures.
Identify overdose risks, treatment, and follow-up.	<input type="checkbox"/> Identify high-risk populations. <input type="checkbox"/> Identify high-risk substances.	<input type="checkbox"/> Review current regional public health data. ⁵ <input type="checkbox"/> Review current national public health data related to overdose. ⁶
	<input type="checkbox"/> Describe how to access nasal naloxone. <input type="checkbox"/> Describe and recognize signs of substance overdose and over-sedation. <input type="checkbox"/> Demonstrate how to correctly administer naloxone. <input type="checkbox"/> Provide nasal naloxone education to patients and responding populations.	<input type="checkbox"/> Review PCSS Video: Naloxone for Opioid Safety ⁷

Safety		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
	<input type="checkbox"/> Provide overdose prevention education to patients and support persons.	<input type="checkbox"/> Review resources targeting persons with active substance use such as: <ul style="list-style-type: none"> • National Harm Reduction Coalition⁸ • Drug Policy Alliance⁹ • Never Use Alone¹⁰ Skills Checklist: <input type="checkbox"/> Opioid Overdose Prevention, Education, and Reversal
Develop and apply comprehensive knowledge of collecting a substance use history and safer consumption for patient education needs.	<input type="checkbox"/> Ability to complete a comprehensive substance use history. <input type="checkbox"/> Assess recurrent use and describe safer consumption techniques based on current practices. <input type="checkbox"/> Summarize patterns of unsafe substance administration within given patient populations.	<input type="checkbox"/> SAMHSA National Helpline ¹¹ <input type="checkbox"/> ASAM National Practice Guidelines ¹² <input type="checkbox"/> Boston Medical Center Comprehensive Resources: Clinical Algorithms, OBAT Clinical Guidelines, Stimulant Resources, Videos ¹³ <input type="checkbox"/> UCSF Substance Use Management Clinical Consultation Online Resource and Warm Line ¹⁴ Skills Checklist: <input type="checkbox"/> Substance Use History Collection <input type="checkbox"/> Safer Consumption Education <input type="checkbox"/> Addressing Recurrent Use
	<input type="checkbox"/> Recognize state laws regarding patient education surrounding harm reduction education and provision of harm reduction supplies and educate patients accordingly.	<input type="checkbox"/> Harm Reduction Coalition Safety Manual for Injection Drug Users ¹⁵ <input type="checkbox"/> CATIE Safer Crack Cocaine Smoking Equipment Distribution: Comprehensive Best Practice Guidelines ¹⁶ Skills Checklist: <input type="checkbox"/> Safer Consumption Education
	<input type="checkbox"/> Per state regulations and institutional policies, identify locations of syringe service programs and safe disposal.	<input type="checkbox"/> North American Syringe Exchange Network ¹⁷
	<input type="checkbox"/> Identify interventions for HIV post and pre-exposure prophylaxis (nPEP/PrEP).	<input type="checkbox"/> CDC PrEP resources ¹⁸ <input type="checkbox"/> CDC PrEP Payment resources ¹⁹

Skills Checklists included in this section:

- Substance Use History Collection
- Addressing Recurrent Use
- Opioid Overdose Prevention, Education, and Reversal
- Safer Consumption Education

Quality Improvement

Quality Improvement		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
Implement current best practice nursing care in the addiction setting.	<input type="checkbox"/> Complete continuing education activities related to addiction and co-morbid disease states. <input type="checkbox"/> Recognize the importance of quality improvement within the practice setting. <input type="checkbox"/> Demonstrate current knowledge of best practices regarding medications for opioid use disorder.	<input type="checkbox"/> Addiction nursing education courses <ul style="list-style-type: none"> • AMERSA Specialty Interest Group: Nursing²⁰ • Provider Clinical Support System (PCSS)²¹ • Boston Medical Center OBAT TTA²² • SCOPE of Pain²³ • Opioid Response Network²⁴
	<input type="checkbox"/> Complete continuing education that supports culturally and developmentally appropriate care.	<input type="checkbox"/> SAMHSA Tip 59: Improving Cultural Competence ²⁵ <input type="checkbox"/> SAMHSA Culturally Responsive Recovery Support Services ²⁶ <input type="checkbox"/> Adolescent Care: <ul style="list-style-type: none"> • NIDA for Teen²⁷ • Adolescent SBIRT²⁸

Evidence-Based Practice

Evidence-Based Practice		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
Outline medications for substance use disorder and available formulations.	Describe treatment with: <input type="checkbox"/> Buprenorphine (transmucosal, subcutaneous, injectable). <input type="checkbox"/> Methadone (oral) <input type="checkbox"/> Naltrexone (oral, intramuscular) <input type="checkbox"/> Acamprosate (oral) <input type="checkbox"/> Disulfiram (oral)	<input type="checkbox"/> APNA Treatments for Opioid Use Disorders ²⁹ <input type="checkbox"/> SAMHSA Summary of Medication Assisted Treatment ³⁰ <input type="checkbox"/> SAMHSA Tip 63 Medications for Opioid Use Disorder ³¹ <input type="checkbox"/> Boston Medical Center Live and Pre-Recorded trainings ³² <input type="checkbox"/> Boston Medical Center OBAT TTA+ video: Injectable Buprenorphine: An Instructional Guide ³³ <input type="checkbox"/> CA Bridge: Tools ³⁴
	<input type="checkbox"/> Describe the use of Naloxone (intranasal)	<input type="checkbox"/> American Medical Association Naloxone video ³⁵ <input type="checkbox"/> Boston Medical Center educational video on overdose response ³⁶
	<input type="checkbox"/> Describe FDA-approved treatments for nicotine use disorder: bupropion, varenicline, nicotine nasal spray, nicotine inhaler, nicotine patches, nicotine gum, nicotine lozenges.	<input type="checkbox"/> AAFP Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation ³⁷ <input type="checkbox"/> AAFP Treating Tobacco Dependence Practice Manual ³⁸ <input type="checkbox"/> CDC Smoking & Tobacco Use Clinical Tools ³⁹
<ul style="list-style-type: none"> ▪ Employ the COWS and CIWA scales to determine severity of withdrawal and provide appropriate treatment ▪ Identify indication for MOUD treatment, make dose adjustments and addressing recurrent use. 	<input type="checkbox"/> Administer the Clinical Opiate Withdrawal Scale (COWS) appropriately. <input type="checkbox"/> Administer the Clinical Institute Withdrawal Assessment of Alcohol (CIWA) appropriately. <input type="checkbox"/> Demonstrate proficiency in initiating buprenorphine and managing opioid withdrawal. <input type="checkbox"/> Demonstrate proficiency in initiating methadone and adjusting dosage for withdrawal management. <input type="checkbox"/> Address recurrent use assessing MOUD efficacy.	<input type="checkbox"/> SAMHSA Tip 45 Detoxification and Substance Abuse Treatment ⁴⁰ Skills Checklist: <input type="checkbox"/> Acute Withdrawal Management <input type="checkbox"/> Buprenorphine Initiation <input type="checkbox"/> Buprenorphine Dose Adjustment <input type="checkbox"/> Methadone Initiation <input type="checkbox"/> Methadone Dose Adjustment <input type="checkbox"/> Addressing Recurrent Use

Evidence-Based Practice

<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
Collect, interpret, and monitor toxicology data for patient treatment needs.	<input type="checkbox"/> Interpret toxicology results. <input type="checkbox"/> Assess urine sample quality.	<input type="checkbox"/> ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine ⁴¹ Skills Checklist: <input type="checkbox"/> Urine Collection
Interpret laboratory information related to quality addiction care.	Per state and institutional policies, appropriately order, conduct and interpret screens for: <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis A/B/C <input type="checkbox"/> Syphilis <input type="checkbox"/> Tuberculosis screening <input type="checkbox"/> Gonorrhea/Chlamydia (urine or three-site testing) <input type="checkbox"/> Hepatic and renal function testing <input type="checkbox"/> Pregnancy testing	<input type="checkbox"/> CDC HIV Resource Library ⁴² <input type="checkbox"/> CDC – Hepatitis Facts and serology training ⁴³ <input type="checkbox"/> CDC- Sexually Transmitted Infection (STI) Treatment Guidelines ⁴⁴ <input type="checkbox"/> CDC- Sexually Transmitted Diseases: Syphilis ⁴⁵ <input type="checkbox"/> CDC Tuberculosis Testing and Diagnosis ⁴⁶ Skills Checklist: <input type="checkbox"/> Safer Sex Education & Testing
Coordinate care between local treatment levels (transfer to acute treatment services, outpatient treatment programs)	<input type="checkbox"/> Describe levels of care for substance use disorders. <input type="checkbox"/> Describe methadone initiation in an inpatient setting	<input type="checkbox"/> ASAM Levels of Care ⁴⁷ Skills Checklist: <input type="checkbox"/> Warm Hand Off <input type="checkbox"/> Methadone Initiation Inpatient
Implement recommended storage, handling, and administration of IM/SQ medications for substance use disorder.	<input type="checkbox"/> Administer Injectable Naltrexone	<input type="checkbox"/> PCSS Video: Preparation and Injection of Extended-Release Naltrexone (Vivitrol) ⁴⁸ Skills Checklist: <input type="checkbox"/> Injectable Naltrexone
	<input type="checkbox"/> Administer Injectable Buprenorphine	<input type="checkbox"/> Boston Medical Center OBAT Clinical Guidelines ⁴⁹ <input type="checkbox"/> Boston Medical Center OBAT TTA+ video: Injectable Buprenorphine: An Instructional Guide ³³ Skills Checklist: <input type="checkbox"/> Injectable Buprenorphine
Apply basic principles of sexual health and family planning.	<input type="checkbox"/> Deliver patient education regarding safer sex practices.	<input type="checkbox"/> CDC- STI Treatment Guidelines ⁴⁴

Evidence-Based Practice		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
	<input type="checkbox"/> Deliver patient education regarding family planning methods (e.g. contraception). <input type="checkbox"/> Recall current guidelines regarding MOUD in pregnancy. <input type="checkbox"/> Identify pregnant patients and refer to prenatal or family planning care as necessary.	<input type="checkbox"/> CDC Contraception ⁵⁰ <input type="checkbox"/> Bedsider: Method Explorer ⁵¹ <input type="checkbox"/> ACOG Birth Control ⁵² <input type="checkbox"/> ACOG Clinical Guidance: Opioid Use and Opioid Use Disorder in Pregnancy ⁵³ <input type="checkbox"/> SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder ⁵⁴ <input type="checkbox"/> AAP Clinical Report: Sexual and Reproductive Health Care Services in the Pediatric Setting ⁵⁵
Outline appropriate pain management strategies for patients with opioid use disorder.	<input type="checkbox"/> Counsel patients about non-opioid pain management strategies. <input type="checkbox"/> Apply stepped approach to pain management	<input type="checkbox"/> Boston Medical Center Clinical Guidelines for Pain Management ⁵⁶ <input type="checkbox"/> SCOPE of Pain ²³ <input type="checkbox"/> CDC Guideline for Prescribing Opioids for Chronic Pain ⁵⁷ Skills Checklist: <input type="checkbox"/> Pain Management for Patients with Substance Use Disorders

Skills Checklists included in this section

- Acute Withdrawal Management
- Addressing Recurrent Use
- Buprenorphine Initiation
- Buprenorphine Dose Adjustment
- Methadone Initiation: Inpatient Setting
- Methadone Dose Adjustment
- Safer Sex Education and Testing
- Warm Hand Off
- Urine Collection
- Injectable Buprenorphine Administration
- Injectable Naltrexone Administration
- Pain Management for Patients with Substance Use Disorders

Patient-Centered Care

Patient-Centered Care		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
Identify local resources for peer support.	<input type="checkbox"/> Identify and understand local community supports available in your area including but not limited to AA, NA, Smart Recovery, Refuge Recovery, Al-Anon, Methadone Anonymous. (Reference 53-58, not including MA) <input type="checkbox"/> Describe primary guiding principles and practices of relevant peer support programs. <input type="checkbox"/> Explain the primary guiding role among major peer support persons (e.g. sponsor, recovery coach, community support specialist).	<input type="checkbox"/> SAMHSA: Peers ⁵⁸ <input type="checkbox"/> Careers of Substance ⁵⁹
Identify local resources for collateral services.	<input type="checkbox"/> Locate and recommend housing/resource insecurity services (e.g., shelters, food pantry, transportation assistance). <input type="checkbox"/> Locate and recommend vocational support (e.g., education, job training). <input type="checkbox"/> Locate and recommend legal services as applicable <input type="checkbox"/> Assess and recommend resources to ensure patient safety (e.g, IPV, trafficking, injury prevention) <input type="checkbox"/> Per state and institutional policies, appropriately locate and recommend harm reduction services (e.g. syringe service programs, safer consumption sites, safe supply)	<input type="checkbox"/> U.S. Department of Housing and Urban Development Homeless Assistance ⁶⁰ <input type="checkbox"/> North American Syringe Exchange Network ⁶¹ <input type="checkbox"/> National Harm Reduction Coalition ⁸ <input type="checkbox"/> Drug Policy Alliance ⁹ <input type="checkbox"/> Never Use Alone ¹⁰
<ul style="list-style-type: none"> ▪ Identify local resources for psychiatric support ▪ Assess patients for sequelae of traumatic experiences, assess patients for depressive symptoms/SI, and transfer patients to behavioral health clinician based on site protocol 	<input type="checkbox"/> Complete screening tools for depression (e.g., Patient Health Questionnaire-9 and Patient Health Questionnaire-2). <input type="checkbox"/> Use screening tools for anxiety (e.g., General Anxiety Disorder-7). <input type="checkbox"/> Identify emergency resources through local emergency departments. <input type="checkbox"/> Apply protocol for management of patient in need of urgent psychiatric support within organization.	<input type="checkbox"/> SAMHSA Tip 48 Managing Depressive Symptoms in Substance Use ⁶² <input type="checkbox"/> Supervisor/ collaborative RN review of site-specific protocols and procedures. <input type="checkbox"/> National Alliance on Mental Illness ⁶³ <input type="checkbox"/> National Institute of Mental Health Suicide Prevention Lifeline ⁶⁴ <input type="checkbox"/> SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach ⁶⁵

Patient-Centered Care		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
		Skills Checklist: <input type="checkbox"/> De-escalation of Agitated Patient
Assess for serious harm due to patient impairment from substance use.	<input type="checkbox"/> Recognize the role and implications of mandated treatment, including processes involved in initiating such mandates. <input type="checkbox"/> Apply knowledge around state and institutional policies regarding involuntary commitment, including working knowledge of outcome measures.	<input type="checkbox"/> SAMHSA TIP 42: Substance Use Treatment for Persons with Co-Occurring Disorders ⁶⁶ <input type="checkbox"/> Civil Commitment for Opioid and Other Substance Use Disorders: Does it work? ⁶⁷
Outline safety interventions required as a mandatory reporter if individual is at risk for harm.	<input type="checkbox"/> Recognize statutes as mandatory reporters	<input type="checkbox"/> Children’s Bureau for mandatory reporting ⁶⁸ <input type="checkbox"/> U.S. Administration on Aging: Elder Rights ⁶⁹ <input type="checkbox"/> Child Welfare Information Gateway: State Child Abuse & Neglect Reporting ⁷⁰ <input type="checkbox"/> Mandatory Reporting Laws ⁷¹

Skills Checklists included in this section

- De-escalation of Agitated Patient

Professionalism

Professionalism		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
<ul style="list-style-type: none"> ▪ Discuss the scopes and standards of practice of an addiction nurse. ▪ Describe the ethical and moral principles that should drive patient care and inter-professional collaboration. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide care within the scopes and standards of practice. <input type="checkbox"/> Identify and respond to ethical concerns and dilemmas that affect patient care. 	<ul style="list-style-type: none"> <input type="checkbox"/> ANCB Certified Addictions Registered Nurse⁸⁵ <input type="checkbox"/> ANA and IntNSA Scope and Standards of Practice of Addictions Nursing (<i>revision in process</i>)⁸⁶ <input type="checkbox"/> ANA Code of Ethics for Nurse⁸⁷

Leadership

Leadership		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
<p>Identify the inherent leadership role of an addictions nurse within a multidisciplinary care team and the community.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Delegate both clinical and non-clinical tasks to appropriate support staff. <input type="checkbox"/> Advocate for the rights and care of patients with addiction within society. <input type="checkbox"/> Provide mentorship and role-modeling. 	<ul style="list-style-type: none"> <input type="checkbox"/> ANA Principles of Delegation 2012⁸⁸ <input type="checkbox"/> NAADAC – Advocacy for Addiction Professionals⁸⁹

Systems-Based Practice

Systems-Based Practice		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
<p>Recognize safe prescribing practices of providers.</p> <p>State the federal restrictions for methadone prescribing</p>	<p><input type="checkbox"/> Use and check the Prescription Drug Monitoring Program as appropriate per institutional and state guidelines.</p> <p><input type="checkbox"/> Ability to translate limitations for methadone treatment (i.e. methadone cannot be prescribed, it can only be dispensed for treatment of OUD in a certified opioid treatment program setting)</p>	<p><input type="checkbox"/> SAMHSA In Brief: Prescription Drug Monitoring Programs: A Guide for Healthcare Providers⁷²</p> <p><input type="checkbox"/> Federal Guidelines for Opioid Treatment Programs, SAMHSA Department of Health and Human Services (HHS), January 2015.⁷³</p> <p><input type="checkbox"/> Drug Enforcement Agency final rule to mobile unit opioid treatment programs⁷⁴</p> <p>Skills Checklist:</p> <p><input type="checkbox"/> Buprenorphine Prescription Preparation</p>
<p>Outline pharmacy requirements for providers to effectively prescribe buprenorphine and for patients to pick up prescriptions.</p>	<p><input type="checkbox"/> Prepare or initiate prescriptions for provider per organization guidelines via medical record.</p> <p><input type="checkbox"/> Collaborate with local pharmacies to ensure access to medication treatments.</p> <p><input type="checkbox"/> Employ state specific procedural guidelines for patient obtaining controlled substances (e.g. government issued ID).</p> <p><input type="checkbox"/> Identify federal, state and/or local patient assistance programs or grants to offset medication costs for those who may be uninsured or underinsured.</p>	<p><input type="checkbox"/> Supervisor/collaborative RN review of site-specific protocols and procedures.</p> <p>Skills Competencies:</p> <p><input type="checkbox"/> Buprenorphine Prescription Preparation</p>
<p>Recognize the role of payers in accessing appropriate patient care.</p>	<p><input type="checkbox"/> Identify covered formularies for major insurance carriers.</p> <p><input type="checkbox"/> Navigate prior authorization procedures as needed.</p> <p><input type="checkbox"/> Refer and/or connect to available patient financial services.</p> <p><input type="checkbox"/> Access patient assistance program as indicated including co pays</p>	<p><input type="checkbox"/> Prior authorization resources⁷⁵</p> <p><input type="checkbox"/> NAMI Prescription Assistance Resource list⁷⁶</p>

Skills Checklists included in this section

- Buprenorphine Prescription Preparation

Informatics and Technology

Informatics and Technology		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
<ul style="list-style-type: none"> ▪ Employ chart review and tools in medical record to effectively document and monitor patients engaged in addiction care. ▪ Comprehend the importance of nursing standing orders at organization for laboratory assessment, medication refills, and interventions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Applies medical record training within site <input type="checkbox"/> Reviews and compiles relevant information from available medical records. <input type="checkbox"/> Utilizes electronic medical record (EMR) generated templates for accurate documentation, when available. <input type="checkbox"/> Implements nursing standing orders appropriately. 	<ul style="list-style-type: none"> <input type="checkbox"/> Supervisor/collaborative RN review of site-specific protocols and procedures.

Communication

Communication		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
Identify the importance of therapeutic language.	<ul style="list-style-type: none"> <input type="checkbox"/> Uses person first non-stigmatizing language when speaking or writing about patients with addiction. <input type="checkbox"/> Convey relevant updates and concerns to providers and other care team members regarding patient care plans in a timely manner. 	<ul style="list-style-type: none"> <input type="checkbox"/> Words Matter: Pledge and Flyer⁷⁷ <input type="checkbox"/> AHRQ SBAR Tool⁷⁸
Recognize patient confidentiality pertaining to disclosure of substance use disorder diagnosis.	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriately use 42 CFR Part 2 as related to release of information. <input type="checkbox"/> Educate patients regarding barriers to communication related to confidentiality laws <input type="checkbox"/> Obtain necessary releases of information related to 42 CFR Part 2. 	<ul style="list-style-type: none"> <input type="checkbox"/> SAMHSA Substance Abuse Confidentiality Regulations⁷⁹ <input type="checkbox"/> Legal Action Center: Fundamentals of 42CFR Part 2⁸⁰

Teamwork and Collaboration

Teamwork & Collaboration		
<i>Knowledge</i>	<i>Skills</i>	<i>Supportive Education</i>
<ul style="list-style-type: none"> ▪ Outline the important aspects of collaborative approach in addiction care. ▪ Define comprehensive care within a patient-centered framework to provide whole-person care. 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify patient’s care team and their supportive network outside of clinic setting. <input type="checkbox"/> Identify and interact with external agencies and individuals to provide coordinated care. <input type="checkbox"/> Advocate for patient among care team and outside agencies to achieve patient-centered goals through evidence based treatment. <input type="checkbox"/> Effectively utilize the parts of a “warm handoff” to ensure that patients seamlessly transition through different levels of care. 	<ul style="list-style-type: none"> <input type="checkbox"/> SAMHSA-HRSA Center for Integrated Health Solutions 81 <input type="checkbox"/> University of Washington – AIMS Collaborative Care Toolkit 82 <input type="checkbox"/> AHRQ: Warm Hand Offs a Guide for Clinicians 83 <input type="checkbox"/> The Joint Commission: Sentinel Event Alert Inadequate hand-off communication 84 <p>Skills Checklist:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Warm Hand Off

Skills Checklists included in this section:

- Warm Hand Off

Supplemental Materials

Peer Support Organization Contacts:

- Alcoholics Anonymous <https://www.aa.org/>
- Al-Anon <https://al-anon.org/>
- Narcotics Anonymous <https://www.na.org/>
- Refuge Recovery <https://refugerecovery.org/>
- SMART Recovery <https://www.smartrecovery.org/>

Safer Smoking

- North Carolina Harm Reduction Coalition. Safer Crack Use <http://www.nchrc.org/harm-reduction/crack-use/>
- Catie - Safer Crack Smoking <https://www.catie.ca/client-publication/safer-crack-smoking>
- Catie - Hepatitis C: An In-Depth Guide. Safer Crack Smoking <https://www.catie.ca/client-publication/safer-crack-smoking#equipment>
- Smoke Works – Harm Reduction Tools for Safer Smoking. <https://smokeworksboston.wordpress.com/>

Using Alone Resources

- Never Use Alone <https://neverusealone.com/>
- Canary App – Prevent overdose. Available through Apple Store free of charge.

Safer Vaping

- John Hopkins Medicine – 5 Vaping Facts You Need to Know <https://www.hopkinsmedicine.org/health/wellness-and-prevention/5-truths-you-need-to-know-about-vaping>
- Center for Disease Control – Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html?s_cid=OSH_emg_GL0001
- Healthline – How to Quit Vaping <https://www.healthline.com/health/how-to-quit-vaping>

Sniffing

- National Harm Reduction Coalition – Safe(r) Drug Use 101 <https://harmreduction.org/issues/safer-drug-use/facts/>
- Catie – Hepatitis C: An In-Depth Guide. Safer Snorting <http://librarypdf.catie.ca/ATI-70000s/70220.pdf>
- EMHC – Safer Snorting <https://ourhealthyeg.ca/safer-snorting>

Alcohol Consumption

- Here to Help – Alcohol and Other Drugs. Harm Reduction Strategies. <https://www.heretohelp.bc.ca/workbook/you-and-substance-use-harm-reduction-strategies>
- Single E. (1996). Harm Reduction as an Alcohol-Prevention Strategy. *Alcohol health and research world*, 20(4), 239–243. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876518/>

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