Solution 3:

Improve buy-in via purposeful approach to culture shift and peer-to-peer engagement

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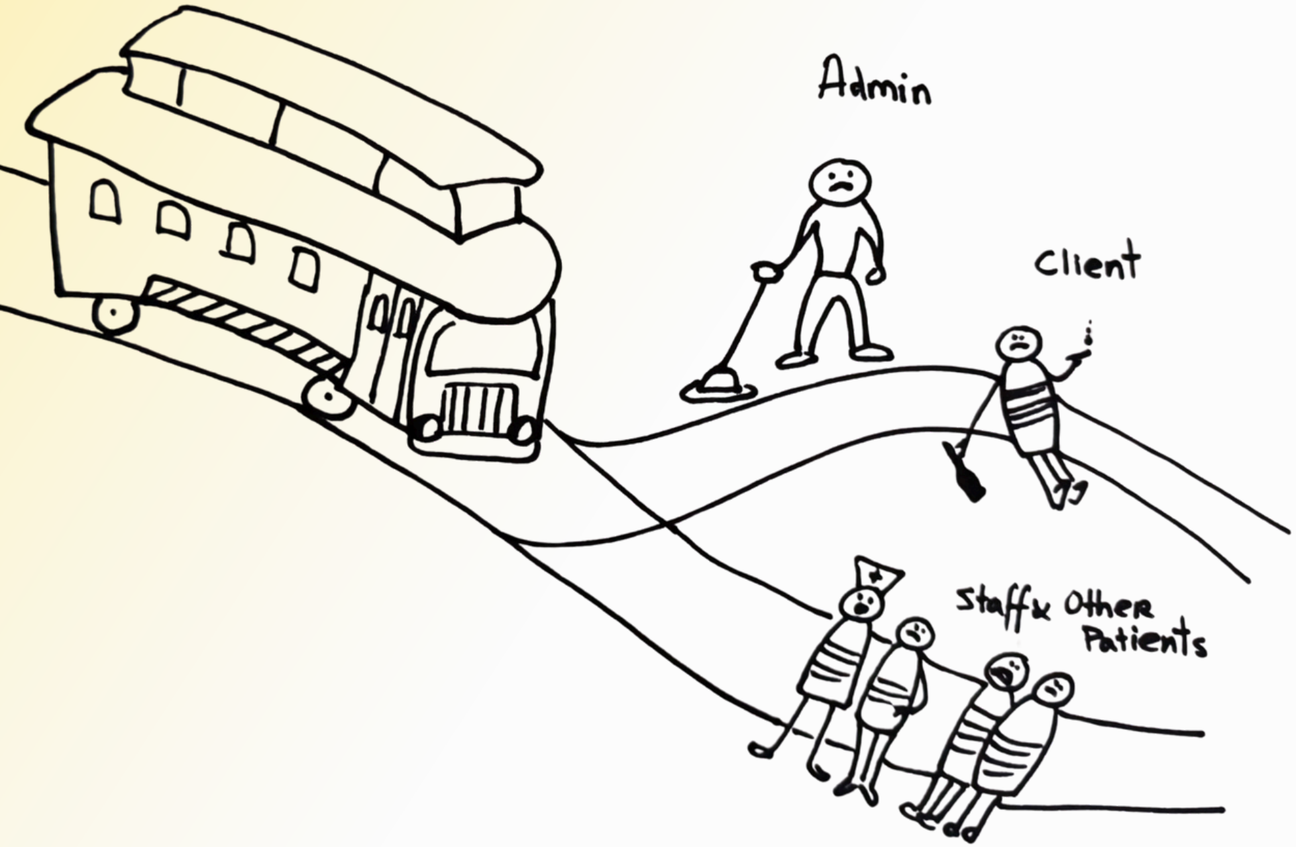
PROBLEM



Political Pressure

Lack of precedent

Lack of consultation

SUCCESS of CHANGE MANAGEMENT

- Understand the need for change
- Create a clear vision
- Convince the stakeholders
- Create a detailed plan (education, resources)
- Predict and mitigate risks
- Monitor and adapt the process

(Evans, 2025)

Competencies

"statements about the knowledge, skills, attitudes, and judgments required to perform safely and ethically within an individual's nursing practice or in a designated role or setting"

(BCCNM, 2025)

Competence in caring for clients with opioid use disorder

Certified Practice: RN(c)/ RPN(c) Opioid Use Disorder

(BCCNM, 2025)

1. **DEVELOP an individualized treatment plan, following relevant guidelines and decision support tools.**
2. **EDUCATE clients on harm reduction strategies, including the use of sterile equipment**
3. **TAILOR harm reduction strategies to reflect individuals' circumstances and support their right to safe care.**
4. **ADDRESS the needs of specific populations (…those with co-occurring mental health or medical conditions).**
5. **ENSURE continuity of care and support ….in an integrated care approach that can adapt to the evolving healthcare needs of the client.**

BCCN&M British Columbia College of Nurses & Midwives

Steps in Solution implementation:

Needs Survey

Anonymous competency survey
Explore the current level of **skill**, **commitment**, and **comfort**

Peer-to-peer coaching

Ward Education Sessions led by RPN peers or Mental Health Unit Educators
Focus: **practical guidance for frontline staff on caring for patients with SUD**

Ethical and moral dialogue

Facilitated by hospital Spiritual Health staff.
Purpose: ***explore*** *ethical* ***dilemmas and moral uncertainty***

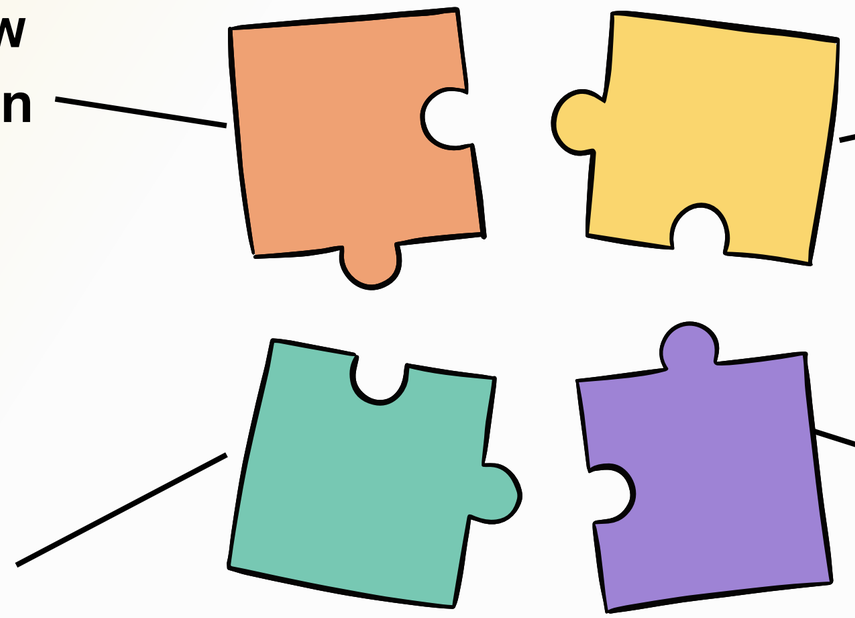
Rationale & Strengths

- Peer-to-peer mentorship in acute care settings positively affects organizational culture and group perceptions (Murphy et al., 2024)
- Safety and inclusion for SUD patients in hospital requires upscaling in HR resources and education (Bailey et al., 2025)
- Formalized Peer-to-peer listening circles increase commitment to care and protect staff from moral injury. (Crane & Nuzum, 2025)

Implementation & Challenges

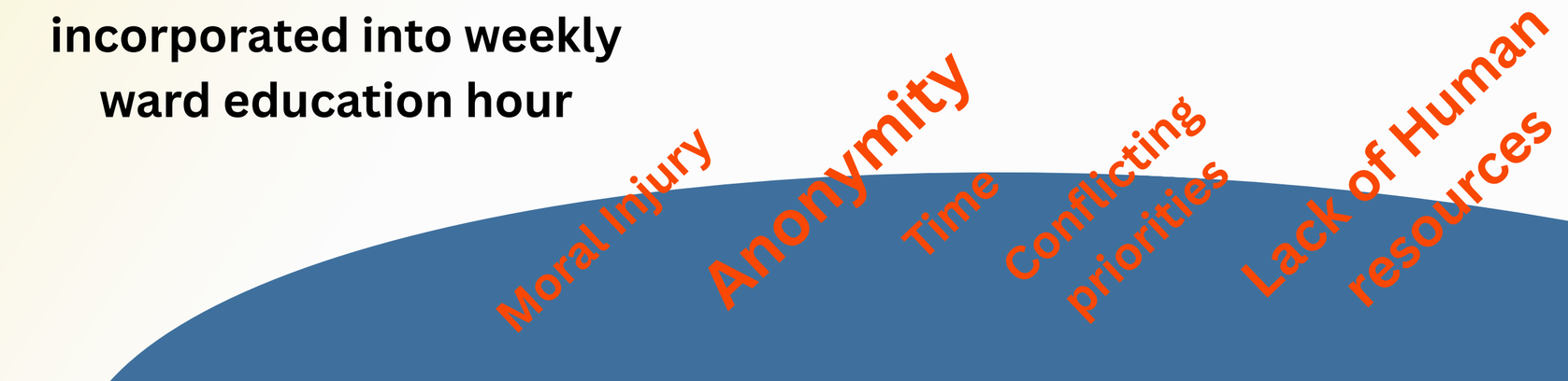
Site-wide anonymous staff survey on view on decriminalization administered via internal email platform within 2 weeks

Weekly, optional but encouraged drop-in sessions led by Spiritual Care Staff



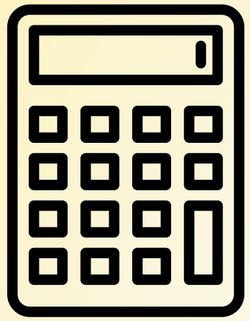
Bite-size, ten minute education sessions incorporated into weekly ward education hour

Quarterly evaluation surveys



(Grace et al., 2024).

FEASIBILITY



- **Limited additional budgetary requirement** - no extra staff hiring, existing physical space, no capital expenditure, minimal variable cost
- **Opportunity Cost analysis:** HR and Education Agenda- what are we giving up?
- **Initial impetus to on-boarding:** optional or mandatory participation? During or after working hours? Compensation?
- **Collaboration with BCNU/WSBC:** complementary mandates/ funding?

Recommendations

- **Review** suggested solutions with BCNU and JOHSC committee representatives at RIH, KGH, PRH and VJH sites
- **Pilot** suggested solutions and establish consistent evaluation protocols
- **Reassess** perceived and actual nursing competence in caring for SUD patients at 6 months and 1 year post-implementation
- **Consider** re-introducing decriminalization-supportive policies

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