

Appendix 1 (as supplied by the authors): Injectable opioid agonist treatment (iOAT) environmental scan data collection form items

This version was administered to all programs at scan two; these include both continuing programs that had participated in scan one and programs that had been newly established since scan one. It includes all the questions asked at scan one as well all as nine new questions that were incorporated based on Steering Committee feedback. Additional minor question modifications were made throughout for clarity only and did not change the content. All questions newly introduced for scan two are indicated below with an asterisk*.

SECTION A: PROGRAM OVERVIEW

A1. Which organization governs your iOAT program?

*A2. Which organization/s provide funding for your iOAT program?

A3. What is the name of your iOAT program

*A4. *(If different)* In which clinical space is your program located?

A5. What is the street address of your iOAT program?

A6. In what city is your iOAT program located?

A7. What is the model of iOAT service provision?

For example, embedded within an existing primary care clinic, provided via a community pharmacy partnership, within an existing housing unit, or a stand-alone dedicated iOAT clinic.

*A8. What are the goals for your iOAT program?

*A9. What is your iOAT program philosophy of care?

For example, low barrier or harm reduction etc.

SECTION B: PROGRAM DATES AND CLIENT TARGETS

B1. On what date did the first client receive their first dose of iOAT through your program?

B2. What is the target number for active clients in your iOAT program?

Please note that this may also be the same as total capacity of the program.

B3. What date does your program aim to have reached this target number of active clients, or what date *did* your program reach that target number of active clients?

B4. Has there ever been waiting list in your iOAT program?

B5. As of 1 March 2019, did you have a waiting list, and if so, how many people were on the waiting list?

B6. What is the total number of clients who have been started in your iOAT program?

Please note that clients do not have to be retained on iOAT to be included in this number - this question refers specifically to the total number of iOAT starts since program initiation.

SECTION C: PROGRAM OPERATIONS

C1. How many iOAT stations does your facility have?

*C2. How long does a client have to complete the administration of a dose?

C3. How many doses are available for clients per day?

C4. How many sessions are offered per day?

C5. What are the hours of these sessions?

C6. How are the sessions structured?

Please highlight the appropriate option from a, b and c below.

a) Clients are allocated to a group and attend in the specified group time in each session

b) Clients can show up for a dose anytime as long as it is between the session hours (and in accordance with the required period between doses)

c) Other, specify:

C7. (If applicable) How many clients are allocated to one group?

*C8. Is oral OAT available onsite?

SECTION D: ACTIVE CLIENTS

For the next questions, "active patient" is defined as having received at least one dose of iOAT in the past 7 days as of March 1, 2019.

D1. How many active clients do you have in your iOAT program?

Hydromorphone	
Diacetylmorphine	
TOTAL	

D2. What was the average age and age range for your active iOAT clients?

Average Age	
Age Range (youngest)	
Age Range (oldest)	

D3. What was the gender balance for your active iOAT clients?

Please report as female, male, non-binary, transgender if possible.

Female	
Male	
Non-binary	
Transgender	
TOTAL	

D4. How many of your active iOAT clients identify as indigenous?

Please note that it is recognised that the majority of programs do not routinely collect this information, and it may not be possible to provide it here.

Indigenous	
Non-indigenous	
TOTAL	

SECTION E: ANCILLARY SERVICES

E1. What onsite ancillary services can clients access through your iOAT program?

For example, dental services, primary care and counselling.

*E2. What referrals for ancillary services can be made for clients in your iOAT program?

E3. What is the composition of the onsite iOAT program staff?

Please note the number of hours worked on average per week if part time (where possible).

STAFF MEMBER	FULL TIME (# OF STAFF)	PART TIME	
		(# OF STAFF)	(# HOURS PER WEEK)
Physician iOAT prescriber			
NP iOAT prescriber			
Registered nurse			
Psychiatrist			
Social Worker			
Harm Reduction Worker			
Peer Support Worker			
Dietician			
Patient Care Manager			
Clinic Manager			
Program Coordinator			
MOA			
Clinic Assistant			
Pharmacist			
Other, please specify:			

E4. What type and how many staff are rostered on and available onsite for clients accessing the iOAT program at any one time?

For example, 2 nurses, 1 harm reduction worker, 1 physician.

SECTION F: LESSONS LEARNED - BARRIERS, GAPS AND STRENGTHS

Please liaise with your iOAT staff to represent a range of perspectives within your program.

F1. *(For programs completing this scan survey for the first time)* What were the barriers or challenges that were experienced when planning and setting up your iOAT program?

F2. What are the current gaps in your iOAT program?

Please outline areas that could be improved in your current program.

*F3. *(For programs that have already completed a first scan survey)* Have any of the gaps identified in the previous scan been successfully addressed, and if so, how have they been addressed?

F4. What are the current strengths of your iOAT program?

Please outline what is working well and / or critical to success currently in the program.

*F5. Are there any other important lessons learned that should be shared with others involved in iOAT program planning, implementation and maintenance?

SECTION G: OTHER COMMENTS

G1. Please feel free to include any other comments to help characterize your iOAT program.
