

Safe use of opioids in hospitals national formative collaborative

Learning Session Zero

23 October 2014

Organisation: Auckland DHB

Envisaged multidisciplinary team

- Clinical Lead OPH
- Clinical Lead Orthopaedics
- Improvement Specialist
- Medication Safety Pharmacist
- OPH and Orthopaedic ward staff

Sources of data

- Adverse Drug Events Trigger Tool (ADETT)
 - Adults and Paediatrics
 - 48% harm related to opiates (combined data)
 - 41% adult opiate harms in age > 70y
- EPIFANY Interventions
 - 112 (of 3166) related to opiates
 - 93% prescribing-related opiate incidents
- RMPPro Incidents
 - 526 (of 3153) related to opiates
 - 76% administration-related opiate incidents

Areas of opioid harm identified

- Orthopaedics
- General Surgery
- OPH

- ePrescribing (ePA) in OPH
- Crossover between OPH and Ortho
- Potential to adopt learning from other DHBs
- Constipation, N & V, opiate-related itch

Any data demonstrating success or failure

- Baseline data collection
- Potential target areas identified
- No interventions have been tested yet

Current activity

- ADETT process paused
- Opioid collaborate team being formed
- RMPPro and EPIFANY – business as usual
- ePA planning in OPH

Challenges faced

- Pharmacy data → Board Report → Areas Identified
- Multidisciplinary team sign up...almost there
- Role of Pharmacy Medication Safety Team
- Data shows low intensity harms
- What else is out there (other DHBs)?

Lessons learnt

- Early days
- Data improves and becomes more meaningful over time
- Consistent and champion team
- Need tailored baseline data collection tool for target areas

Ideas for sharing

- N & V, constipation and opioid-related itch
- ADETT/GTT time and labour intensive. Head-start by identifying commonalities between available data from all areas.

Your area of interest for the collaborative

- Baseline analysis
- Implementation
- Measurement