

Safe use of opioids in hospitals national formative collaborative

Learning Session Zero

23 October 2014



Waitemata
District Health Board
Best Care for Everyone



Multidisciplinary team members

- Core team
 - Medical: Michael Kluger
 - Nursing: Chrissy Sherwood, Lourensa Bezuidenhout, Mandy McGowan
 - Pharmacy: Wynn Pevreal, Avril Lee, Claire McGuinniety (pharmacist/pain team)
 - Quality team: Penny Andrew, Andrew Jones, Jerome Ng
 - Consumer: Judith Lunny

Multidisciplinary team members cont

- Other relevant and interested parties
 - Shirley Ross (HOD nursing); Geetha Galgali (public health physician); David Ryan (pharmacist/ePA); ERAS (Enhanced recovery after surgery); Sophie Evans (dietician), Angela Lambie

Areas of opioid harm

Know ADEs are happening but extent unclear

- Rate of harm
 - ? 0.15% (ICD10-AM) to 72% (ADETT)
 - ? Constipation, N&V, hypotension, hallucinations, sedation, resp depression (some diarrhoea) (ADETT)
- Error type, stage and location
 - ? wrong dose/strength/dose/supply (RiskMonitorPro –incident reporting)
 - ? During processes of assessment, Rx, admin, monitoring (Pharmacy Intervention Database; RiskPro)
 - ? Gen med, ortho, AT&R, gen surg (ICD10-AM)
- Preventability
 - No data source

Areas of opioid harm cont

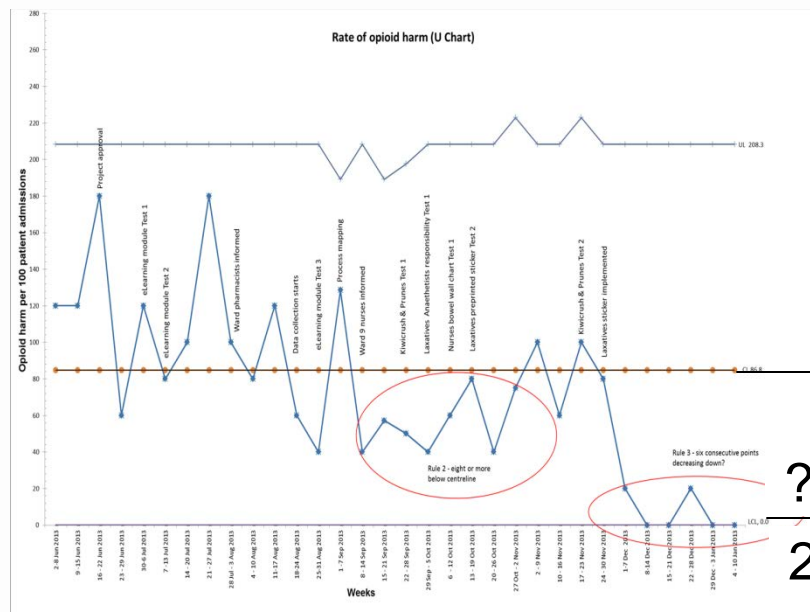
- Severity
 - No reliable data source (RiskMonitorPro; pharmacy intervention database)
- Medicine
 - Oxycodone, methadone, morphine, fentanyl, codeine (ADETT; RiskMonitorPro; pharmacy intervention database)

Need better data!

Source of data	Rate	ADE effect	Med involved	Areas for improvement
Project (using ADETT) n=20pts/mo Ortho (Wd9) Jun 13 to Jan 14	72% (13% NZMJ, 2013)	<ul style="list-style-type: none"> 60% constipation 18% N&V 10% hypotension 5% hallucinations 0% resp depression + oversedation 	<ul style="list-style-type: none"> Morphine fentanyl tramadol oxycodone codeine pethidine 	<ul style="list-style-type: none"> Laxatives prescribed at time of opioid use (40%) Bowel charts used (85%) and recorded (76%). Anti-emetics charted with opioids (45%) Resp/sedation monitored (80%)
ICD10-AM Hospital Jan13 to Dec 13	0.15% (0.4-5% JPPR, 2009)	TBD	TBD	<ul style="list-style-type: none"> 40% Gen Med 18% Orthopaedic 14% AT&R 13% Gen Surg 5% Gynaecology
S&SE + Incident Jul 11 to Jun 12	N/A	<ul style="list-style-type: none"> Resp depression 	RiskMonitorPro reports <ul style="list-style-type: none"> 46% methadone 19% morphine 14% oxycodone 13% fentanyl 5% tramadol 4% codeine 	<ul style="list-style-type: none"> Inappropriate monitoring and follow up Poor communication leading to error 14% Wrong dose/strength 11% CD count error 10% extra dose 8% delay in supply 7% delivery error/delay 3% omission 3% pain management inadequate
Pharmacist Interventions Jul 11 to Jul 14	N/A	<ul style="list-style-type: none"> Inadequate pain management Constipation, N&V Sedation 	<ul style="list-style-type: none"> 45% oxycodone 35% morphine 15% codeine 5% fentanyl 	<ul style="list-style-type: none"> 63% Double/omitted charting 25% monitoring advice 8% optimizing pain and supportive management
Smartpage Mar 14 to Jun 14	N/A	<ul style="list-style-type: none"> Constipation N&V Itchiness Oversedation/resp 	N/A	<ul style="list-style-type: none"> "Please chart" Optimise care planning and management
Patient and staff views Complaints FFT Staff views	N/A	<ul style="list-style-type: none"> >90% pts satisfied with pain management, relief, access Complaints: pain and comfort 3% Staff identified inadequate pain management as an issue 	N/A	<ul style="list-style-type: none"> Staff knowledge, awareness and anticipation for problems Time and workload preventing care Renal impairment and opioid use Concurrent use of oral opioids with PCAs and epidurals Complex pain patients Change from 50mL Graseby PCA syringe driver to 100mL CADD-Solis PCA pumps Nurses having to make up PCA bags Controlled drugs left on ward without appropriate supervision/handling
Electronic sources	N/A	<ul style="list-style-type: none"> N/A 	N/A	<ul style="list-style-type: none"> E-MedRec EDS Pharmacy records (Pyxis, Inventory, Costs, ePA)

Any data demonstrating success or failure

- Opioid Constipation Project (orthopaedic ward)
(Parsotam N; Lee A; 2013)



?? →

2014 and beyond

- Sustainable (relies on ADETT –resource intense)?
- Scalable?

Current activity

- Business as usual
 - Clinical pharmacists
 - Pain team
 - eLearning and education
 - Laxative sticker
 - Medication Safety Group incident reporting and follow up
- Improvement attention on:
 - Staff education and competency
 - Pain management in the medical wards (FAST quality improvement project)
 - Medication safety surveillance system development
 - Clinical notes and ICD-10AM coding surveillance
 - Clinical activity, intervention and incident data (increasing signals, standardised taxonomy, meaningful data)
 - ePA data and electronic trigger rules dataset
 - Medication safety self-assessment

Challenges faced

- Don't have sufficient & reliable data
 - Data not always robust – lack of trust in current data
 - Current taxonomy for improvement could be better
 - Contributing factors, violation vs. slip and lapse, omission vs. commission
 - Themes but not easily quantifiable
 - Should we focus on opioid harm or effective/reliable care eg pain management?
 - Measurement not easily sustainable without significant resource

Lessons learnt

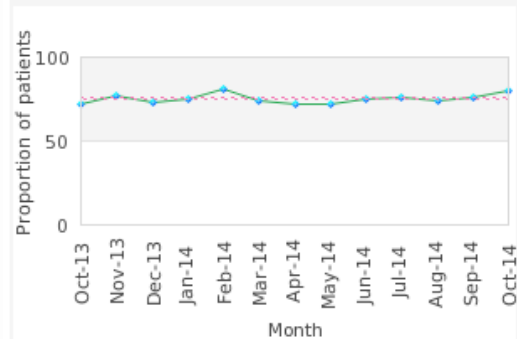
- Medication safety surveillance system needs to be in place
 - Regardless of improvement intervention and attention
- Baseline: need to identify reliable, sustainable data sources

Ideas for sharing

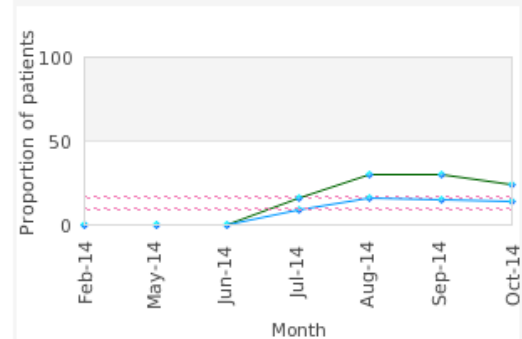
Medications Dashboard



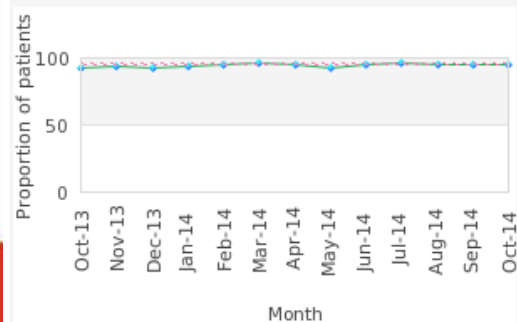
Proportion of patients with reconciliation started within 24 hour



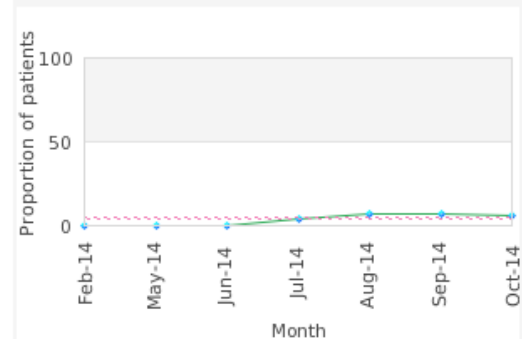
Proportion of patients who have had an omitted dose in the last 24 hours



Proportion of patients with medicine allergy status documented



Proportion of patients with an omission of a critical medicine



Your area of interest for the collaborative

- **Medication Safety Self Assessment Survey**
- **Develop a meaningful medication safety surveillance system**
 - Taxonomy (MERP)
 - ICD10-AM Coding Project (outcome measures)
- **ePA electronic harm/error triggers**
 - Pilot focus on opioids