Northland DHB
Safe use of opioids

TEAM

Alan Davis – Clinical Lead

Karen O'Keeffe – Improvement Advisor

Helen Dunn – Pharmacy Manager

Chanchal Ajoda – Anesthetist Pain Team

Sarah Preston – Specialist Nurse Pain Team

Bryce Kivell – Medication Safety Pharmacist

Sharon Kerwin – ACNM Surgical Ward

John Lengyel – General Surgeon

Sharon Scott – Pharmacist Mania PHO

Available data

- BPAC –
- Prescribing
- GTT
- Incident
- Chart review –unplanned ICU
- Coding data (Y450)

GTT 135 patient reviewed

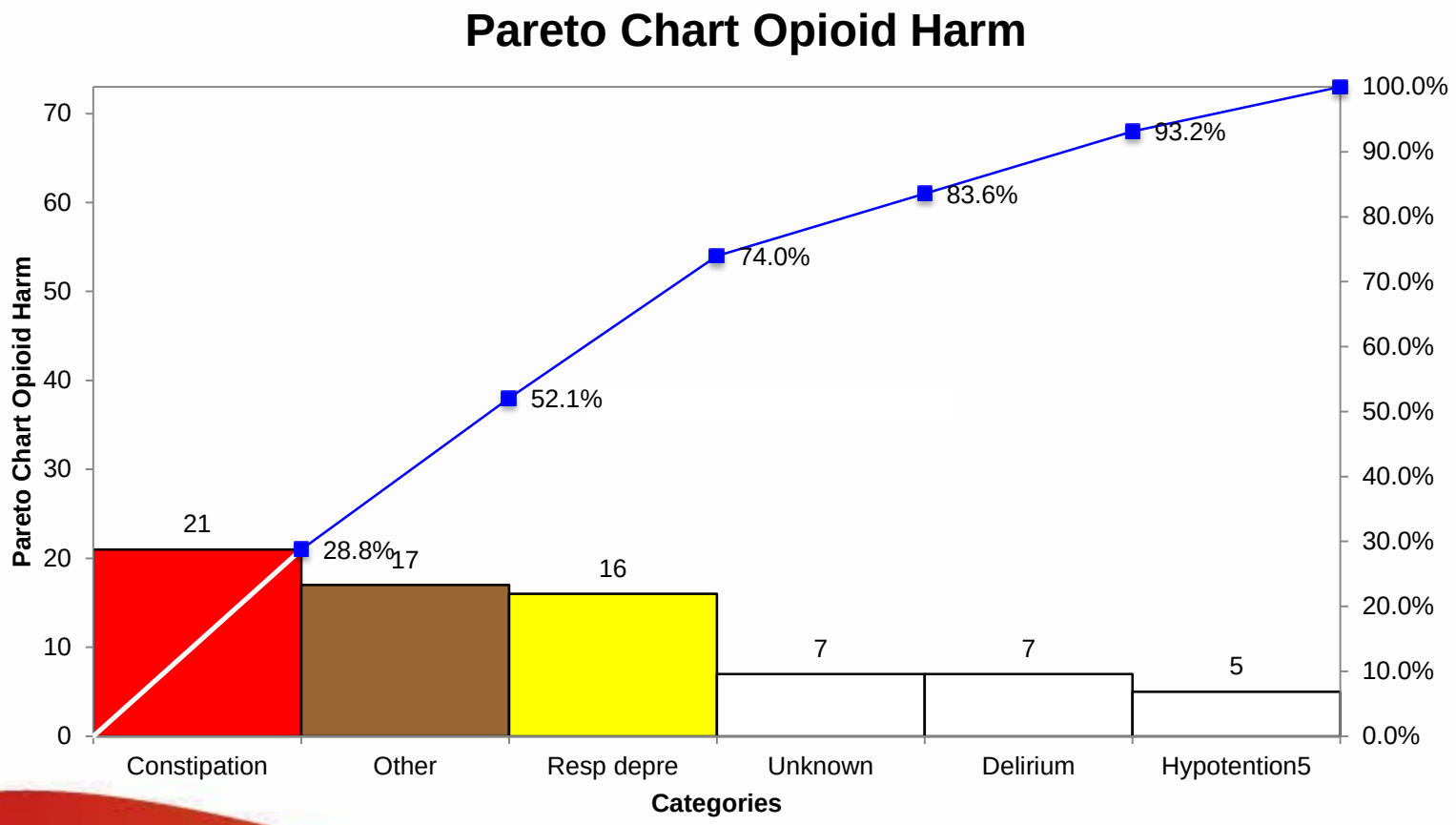
Harm Category Breakdown

Count of Harm Cat		Where						
Sub Cat	When	Med	Ortho	Surg	Dargaville	Other	Not Recorded	Grand Total
Abnor Bleed	During Admission			1				1
Med Glyc	During Admission		1					1
Med Hypoten	During Admission	1						1
Med N+V	During Admission	2	3	3		1		9
	Not Recorded						2	2
PI	During Admission	1						1
PI 1 or 2	During Admission	3	1	1				5
	Not Recorded		1					1
Not Recorded	During Admission	4	1	4				9
	Not Recorded						3	3
Fall / Inj	During Admission			1	1			2
Patient Care Other	During Admission	1						1
Med Other	During Admission	1	4	1		1	1	8
	Not Recorded		1				1	2
SSI	Prior to Admission						1	1
	During Admission			1				1
Med Diarrhoea	During Admission	1						1
Med Delirium	During Admission						1	1
PI 3 or 4	During Admission		1					1
Resp Inf	During Admission	1	1					2
CAUTI	During Admission	1	1	1				3
DVT/VTE	During Admission					1		1
Med Allergy	During Admission			3				3
Med Bleed	Prior to Admission					1		1
Surgery Other	During Admission		1					1
Events Related to Surgery / Other Procedures	During Admission		1				2	3
	Not Recorded						1	1
Grand Total		16	17	16	1	4	12	66

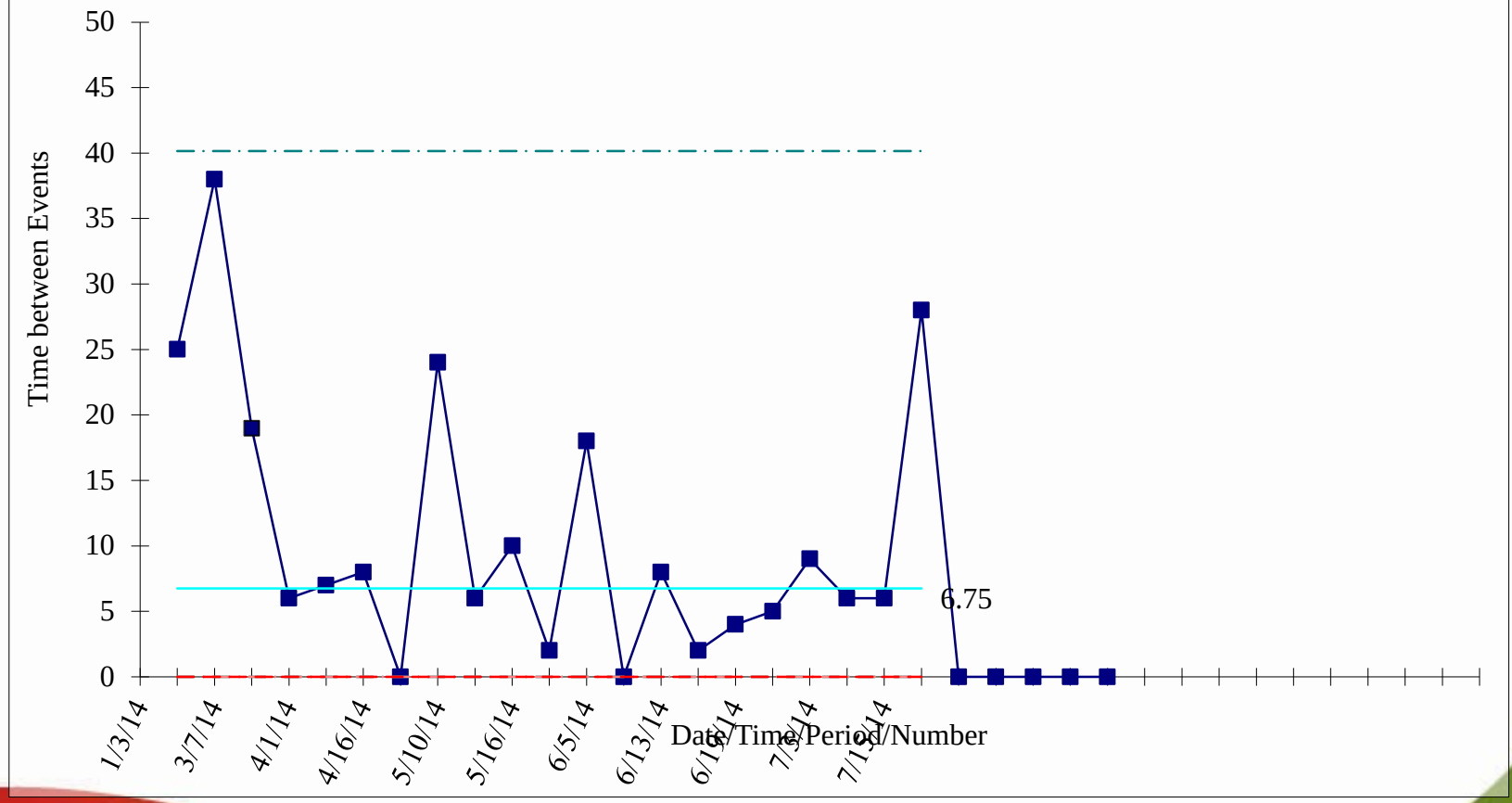
FIRST DO NO HARM

open FOR BETTER CARE

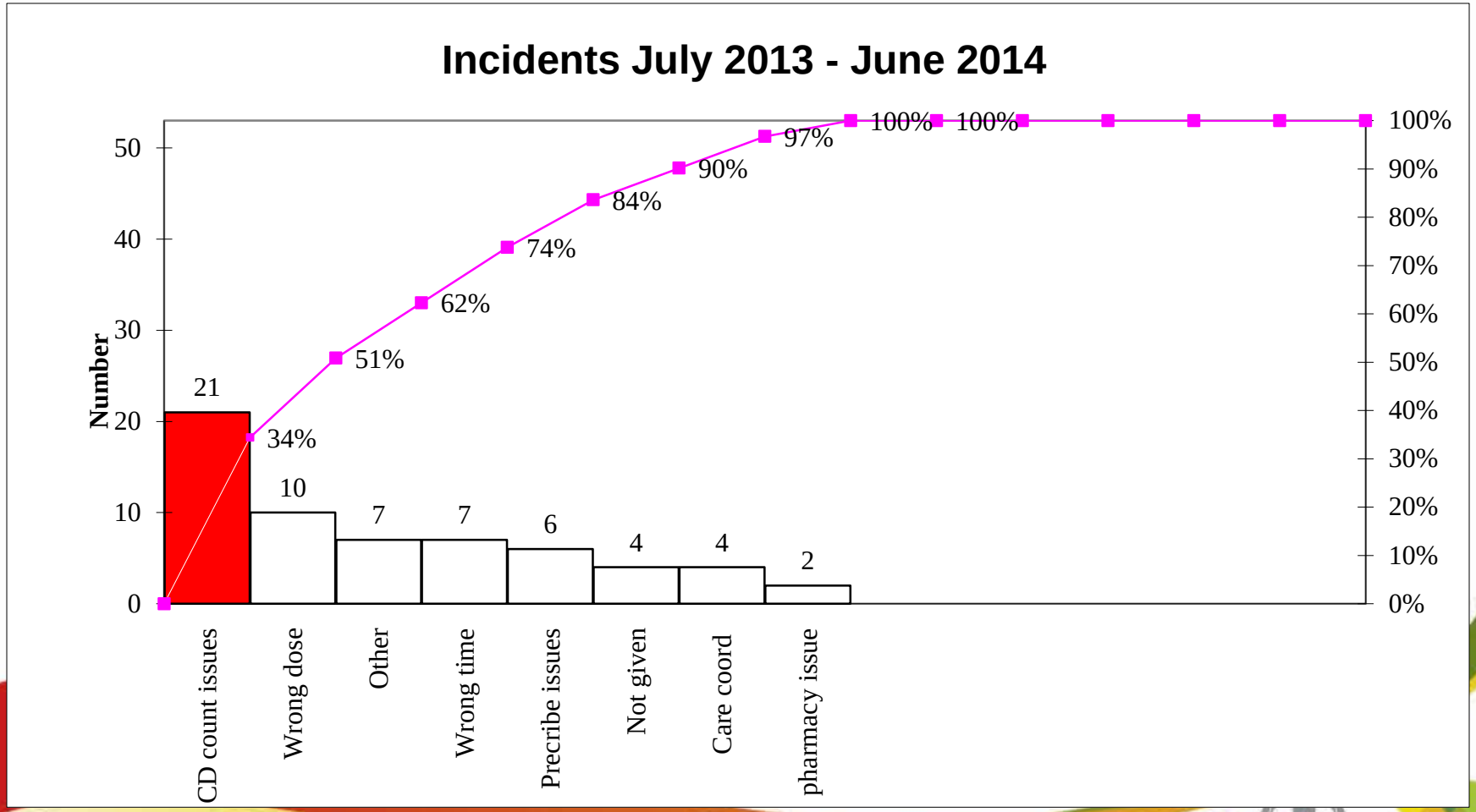
Review of 87 charts with Y450 code opioids causing adverse effects

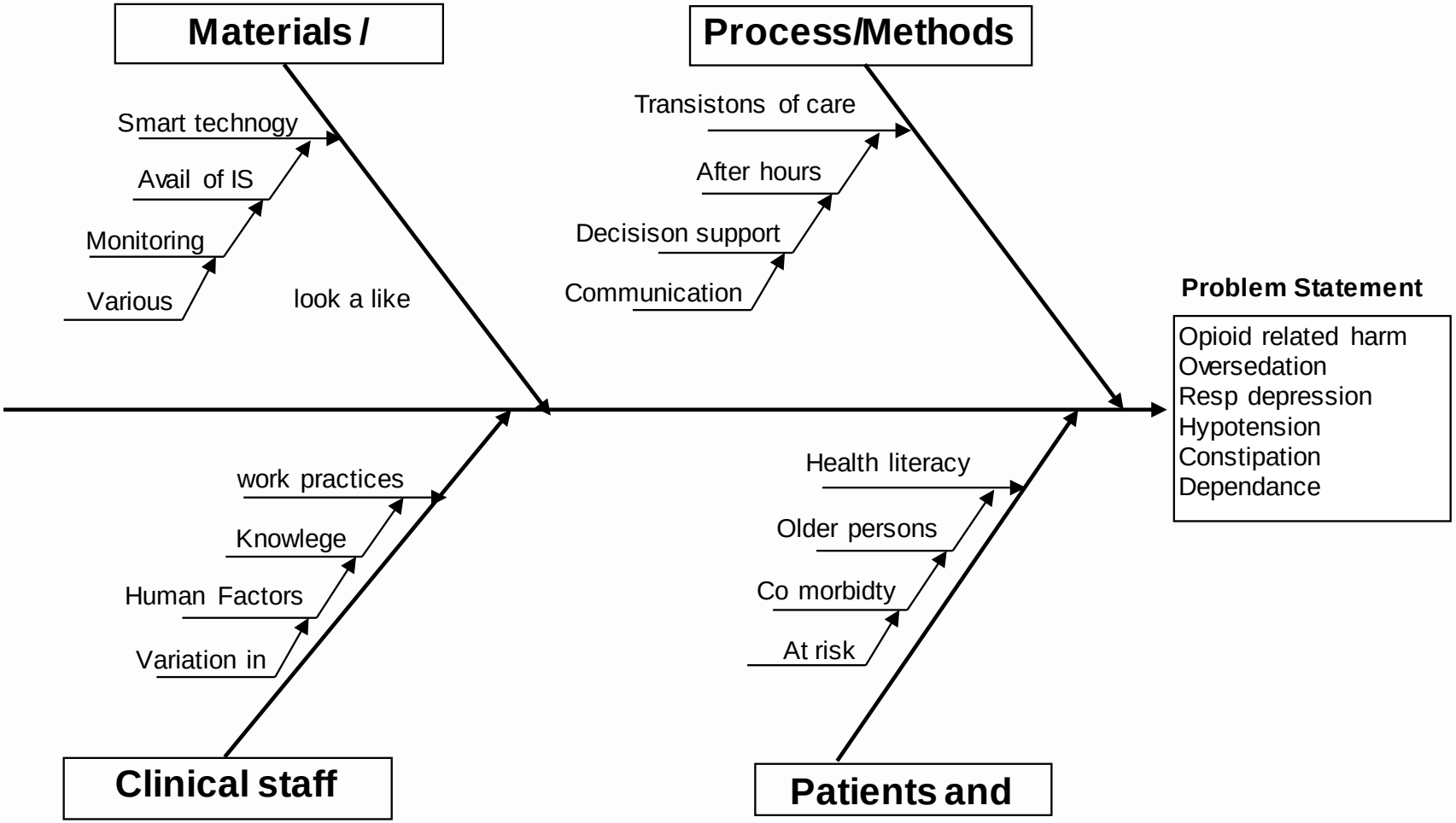


Time between resp depression



Incident data reviewed





[Ishikawa Fishbone Diagram]
[Cause Effect Analysis]

What we've learned so far

- Respiratory depression much greater than we expected.
- Constipation a real issue – readmissions, patient experience.
- Significant variation in pain management practices.
- Lots of opportunity for improving processes.
- Challenges to finding good measures
  - Coding Y450 looks promising

Driver diagram intial draft

Goal:

To reduce opioid related adverse events.

Outcome Measures:

1. Reduce constipation related to opioids (GTT)
2. Reduced use of oxycodene on discharge
3. Reduced opioid hypotension.
4. Reduced community opioid use.
5.

Primary Drivers	Secondary Drivers	Changes Ideas
Reliable pain management processes	Standardised protocols / decision support algorythms. Reduce variation of practice High risk patient protocols Regional blocks	Pain management order set Pre-printed laxitive orders Sp02 monitoring for at risk patients. Oxycodone education
Coordination of care	Pain management plan Transition process – Communication with primary care.	Time limited opioid perscription Limit oxycode prescriptions
Patient centered care	- Education - Alternative pain regimes - Health literacy - medications	Medicaition reconcilliation Pre-op educaiton Patient handouts
Safety Culture	Safe medication systems Learning systems Human factors	Release improvement staff to attend Learning session Involve in spread strategies

FIRST DO NO HARM

Issues to consider

- Time frame for this project is 18 months
- How we can demonstrate improvement
  - Outcome, process
- Good idea to scope – project –
- Evidence change ideas
- Team