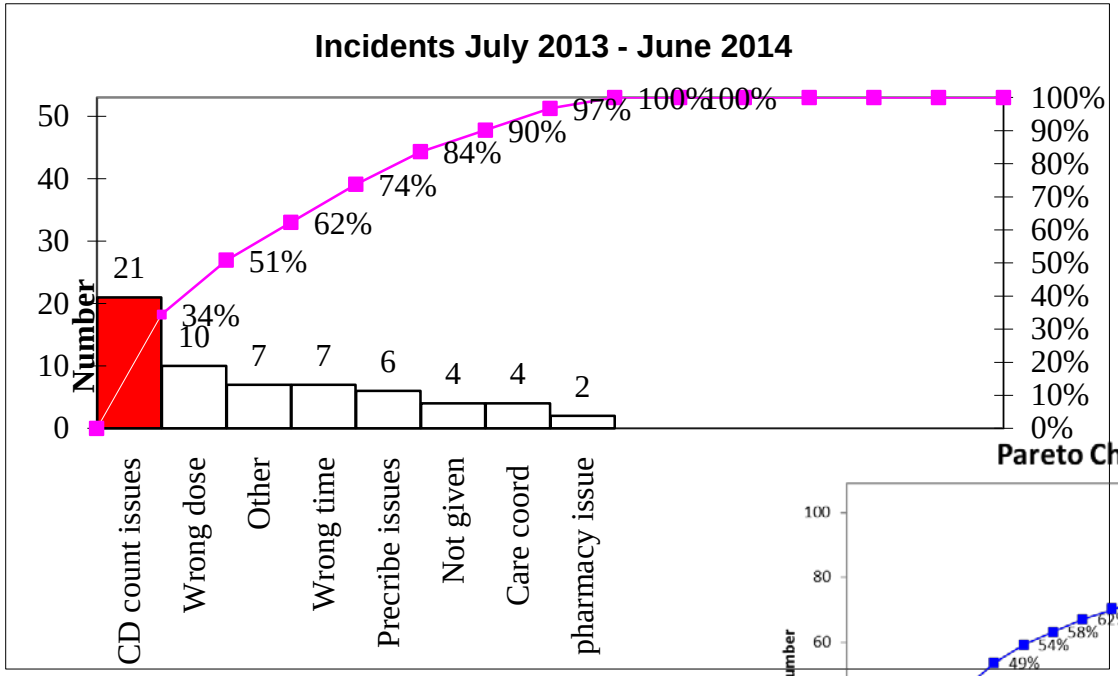
Health Quality & Safety Commission New Zealand

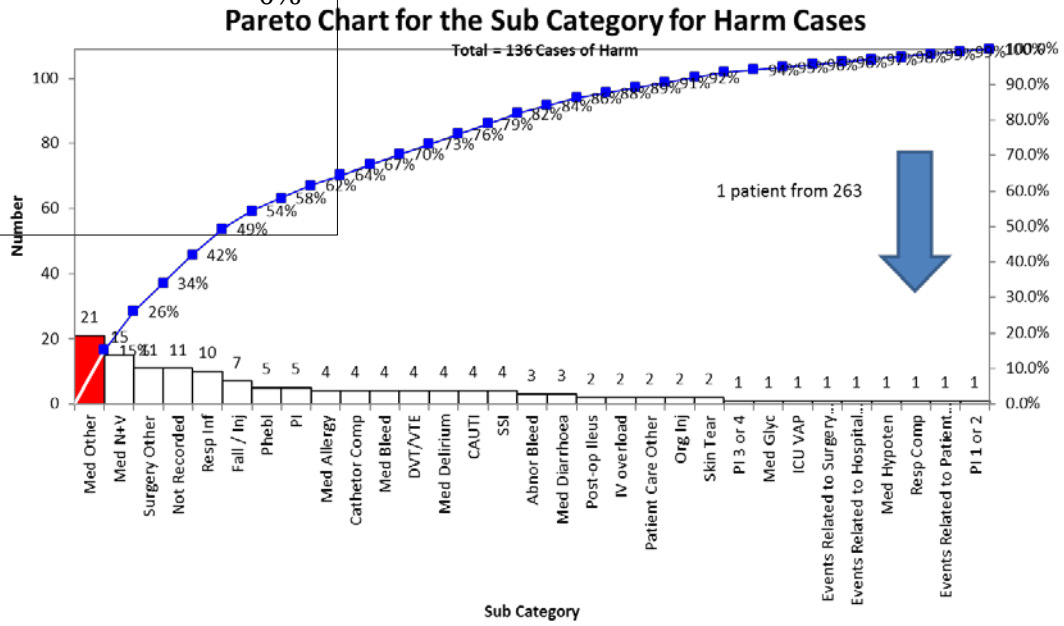
Safe use of opioids national collaborative

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau

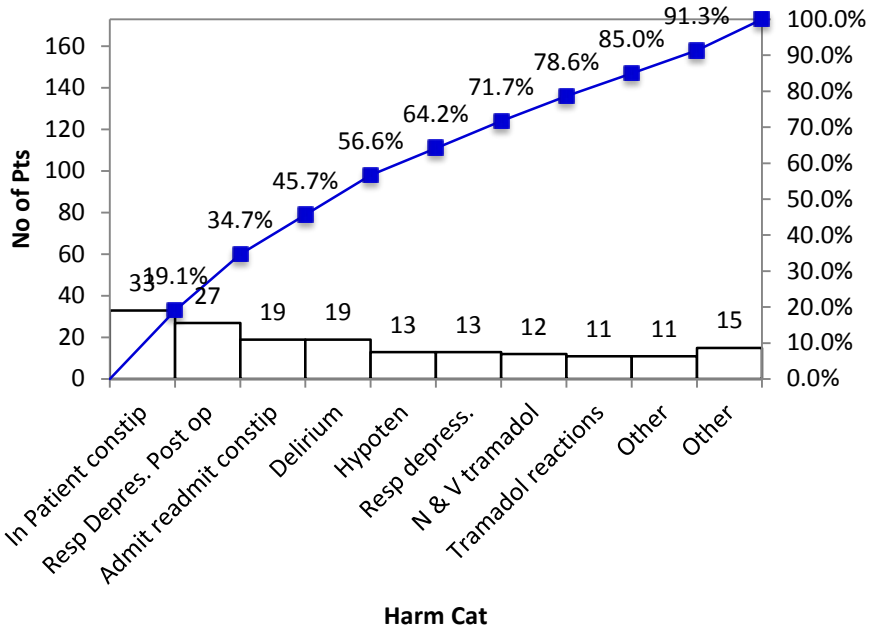
Show me the harm



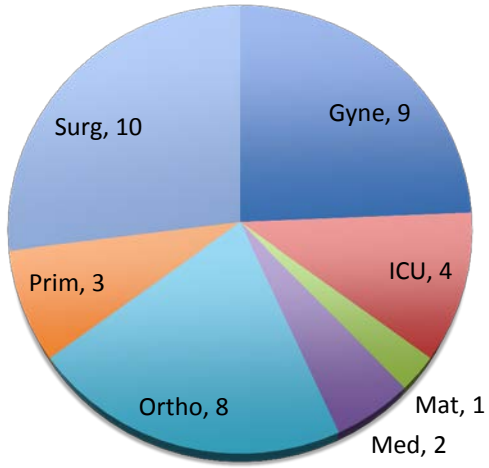


Learning from our data

Opioid harm categories



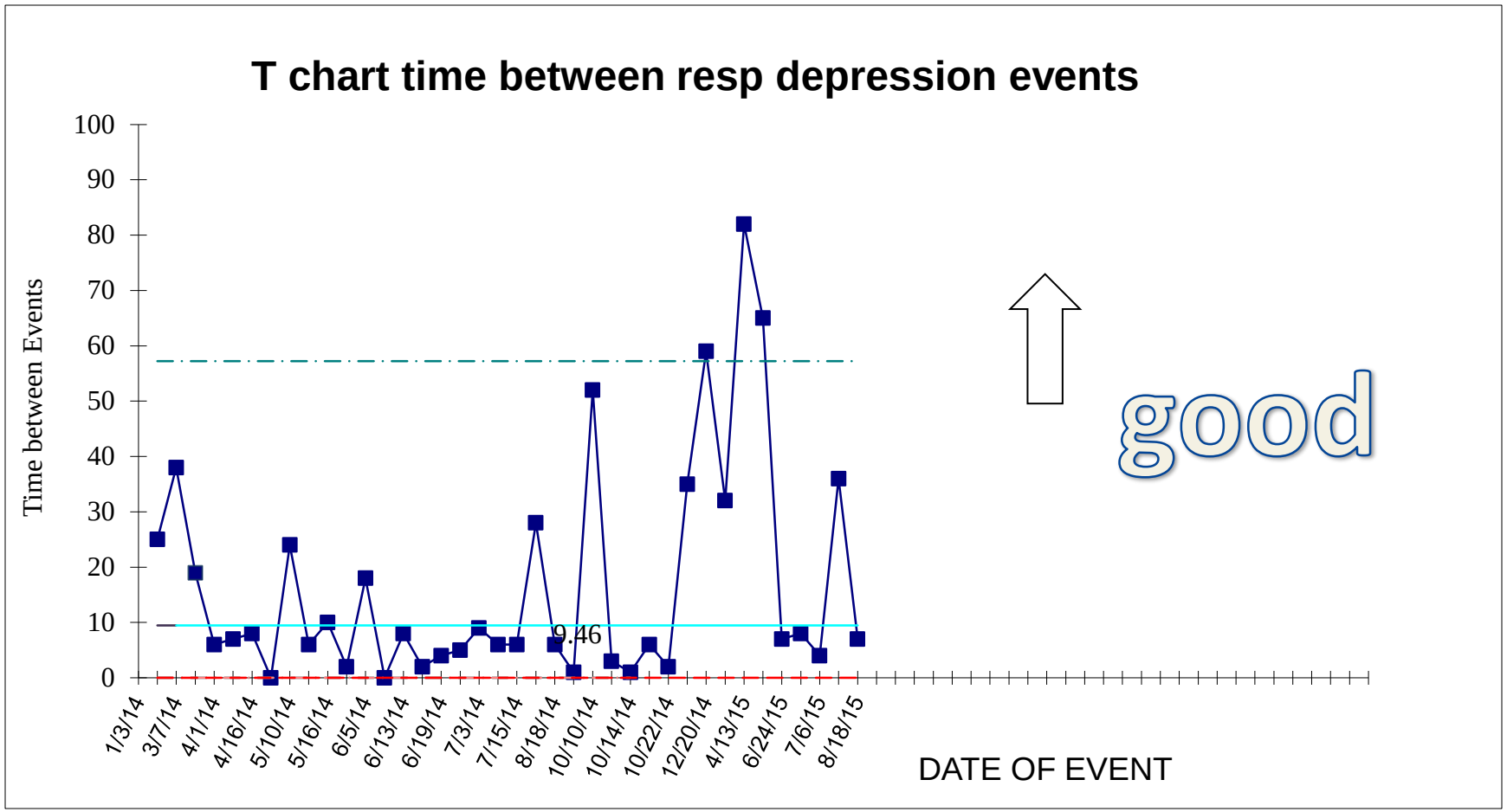
Respiratory depression areas



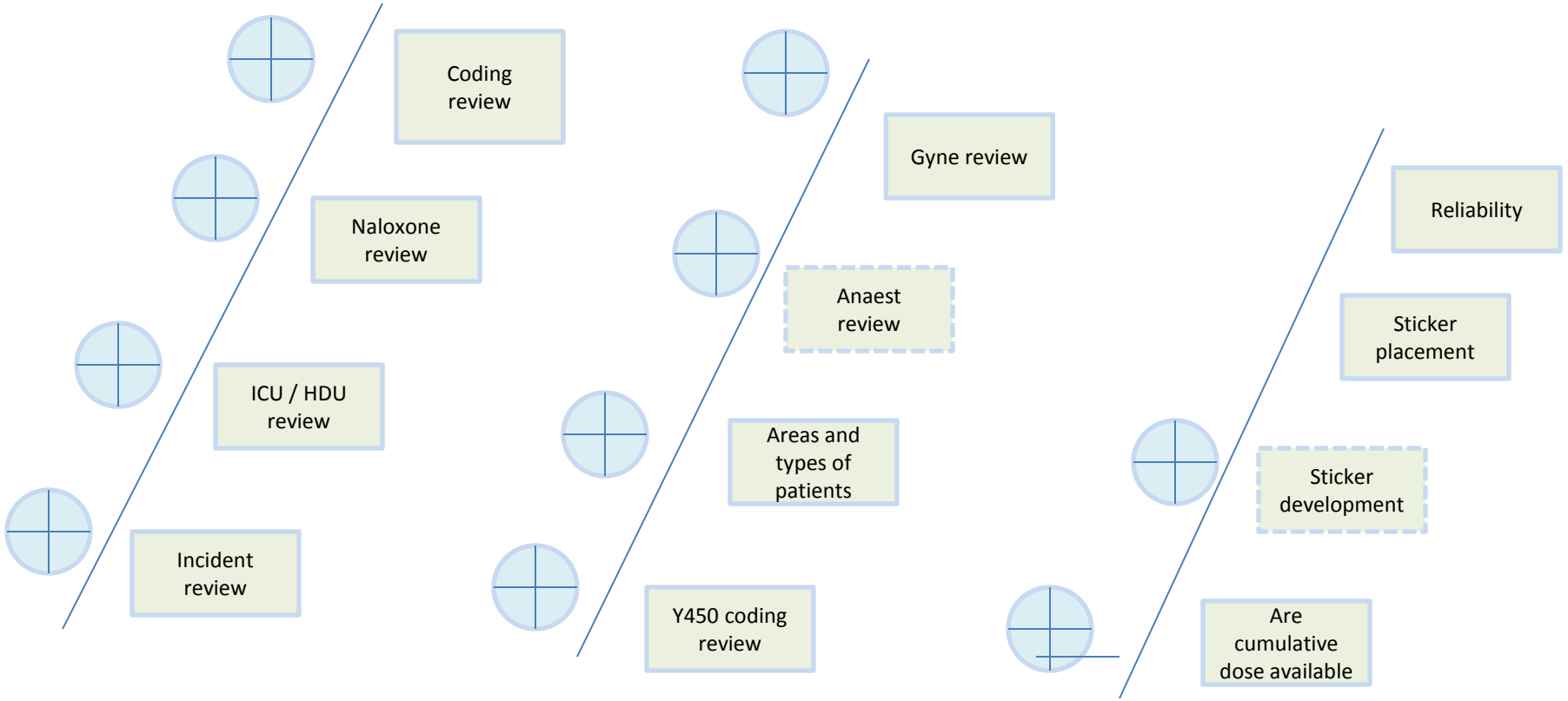
Patient story

- 67 year old gentleman
- No significant history
- Elective orthopaedic case
- Some question of ? undiagnosed OSA
- Spinal anaesthetic, PCA “moderate dose” gabapentin
- Low pain scores recorded. Using PCA
- 2350 found breathing abnormally
- PEA arrest – attributed to undiagnosed OSA – significant doses of opioids and gabapentin
- ICU 2 days 70 days in hospital, long term functional issues

Respiratory depression is an issue



PDSA respiratory depression

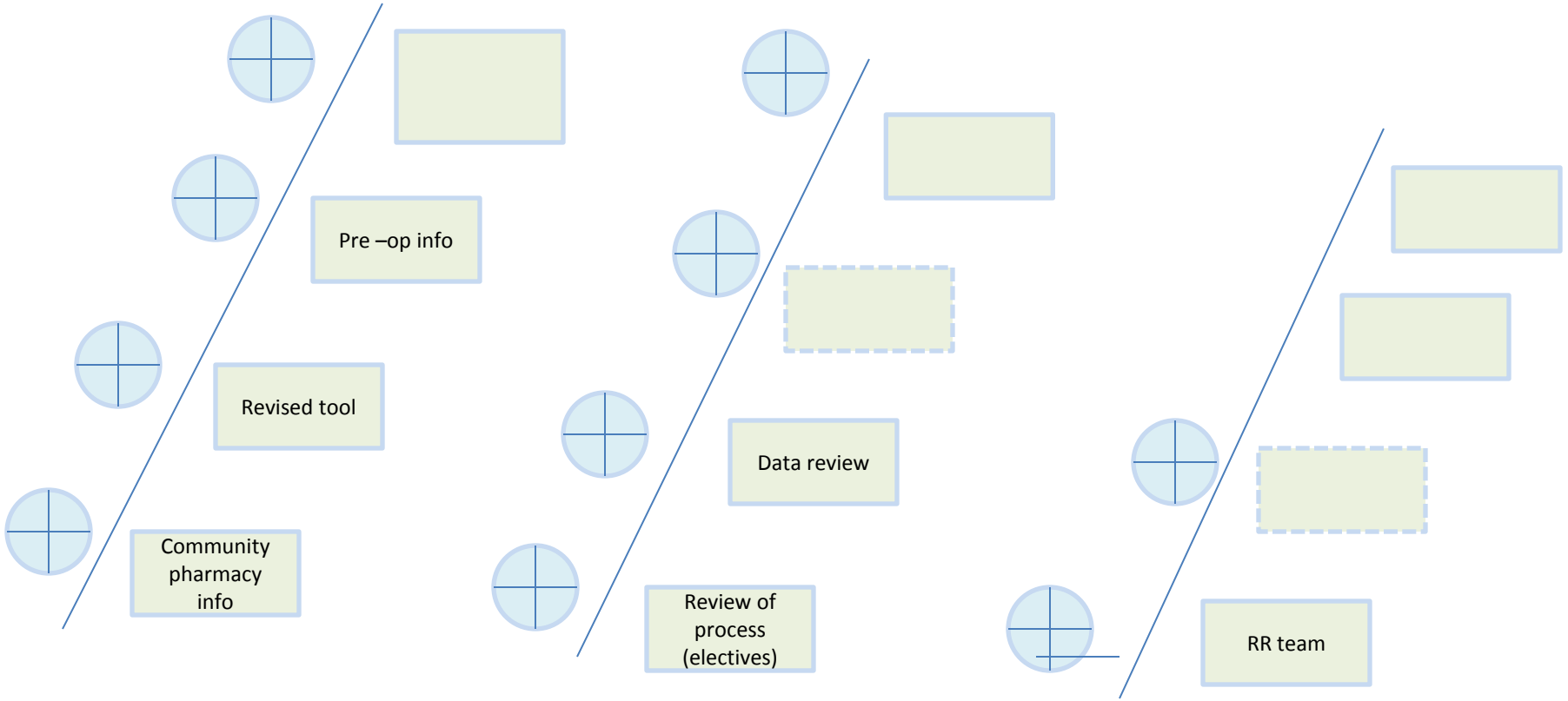


Data for resp depression

Review of resp depression *events*

Visibility of opioids given post op

PDSA respiratory depression



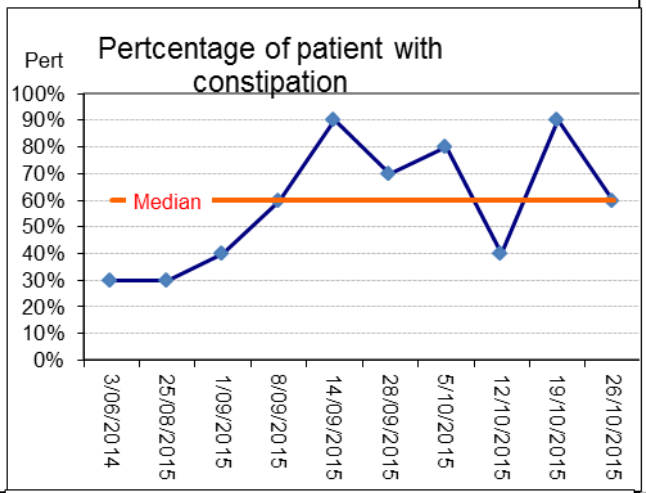
Patient literacy opioids

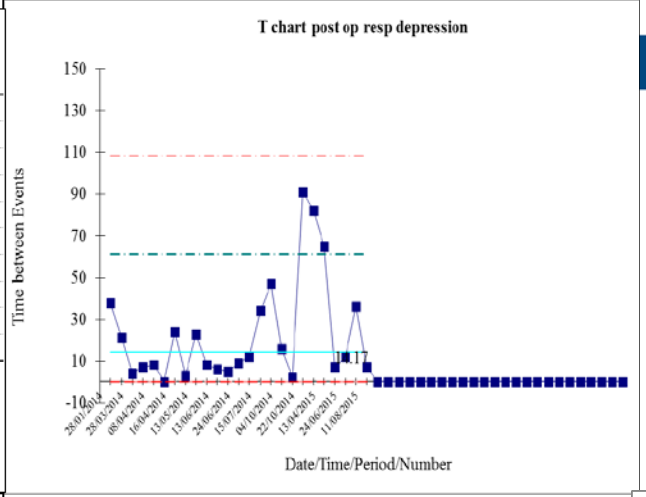
OSA assessment

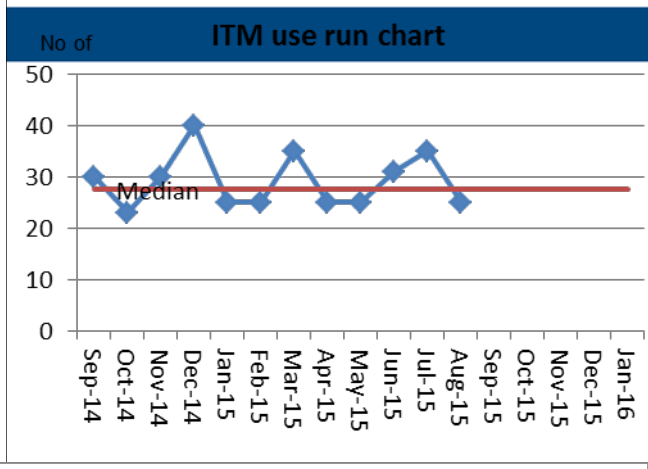
Trigger for risk

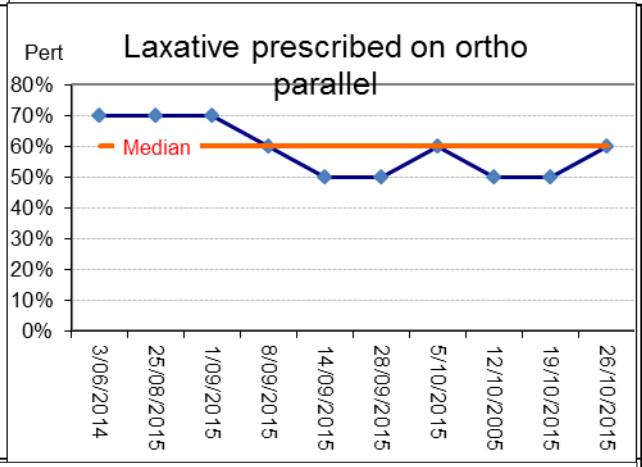
What the data is telling us

- Respiratory depression and inpatient constipation are signficant issues.
- We have become aware areas of concern not previously understood.
- We have looked at where we should be focused, and looked at change ideas.
- We have measures that will be useful in signalling if we are seeing any improvements

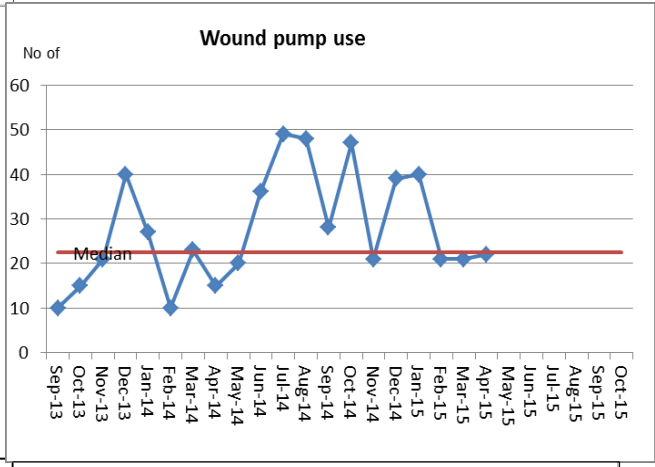


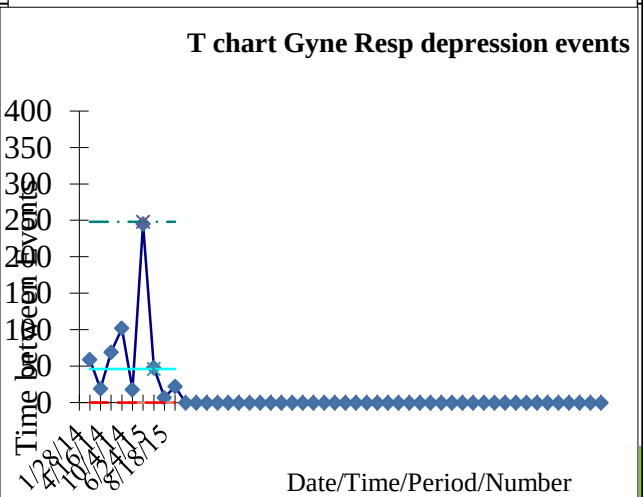


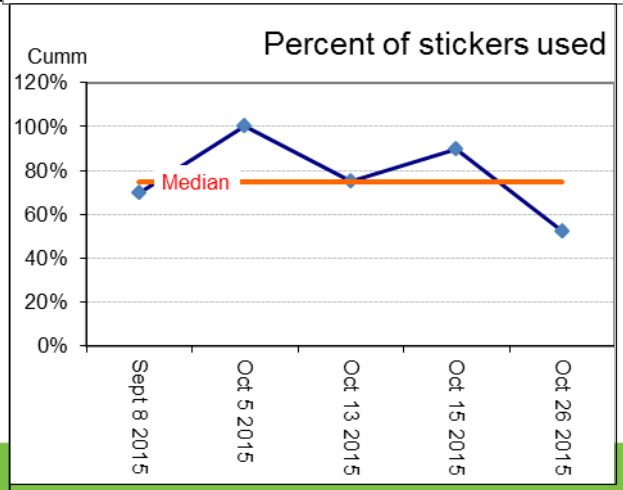




Opioid data
Dash board
Oct





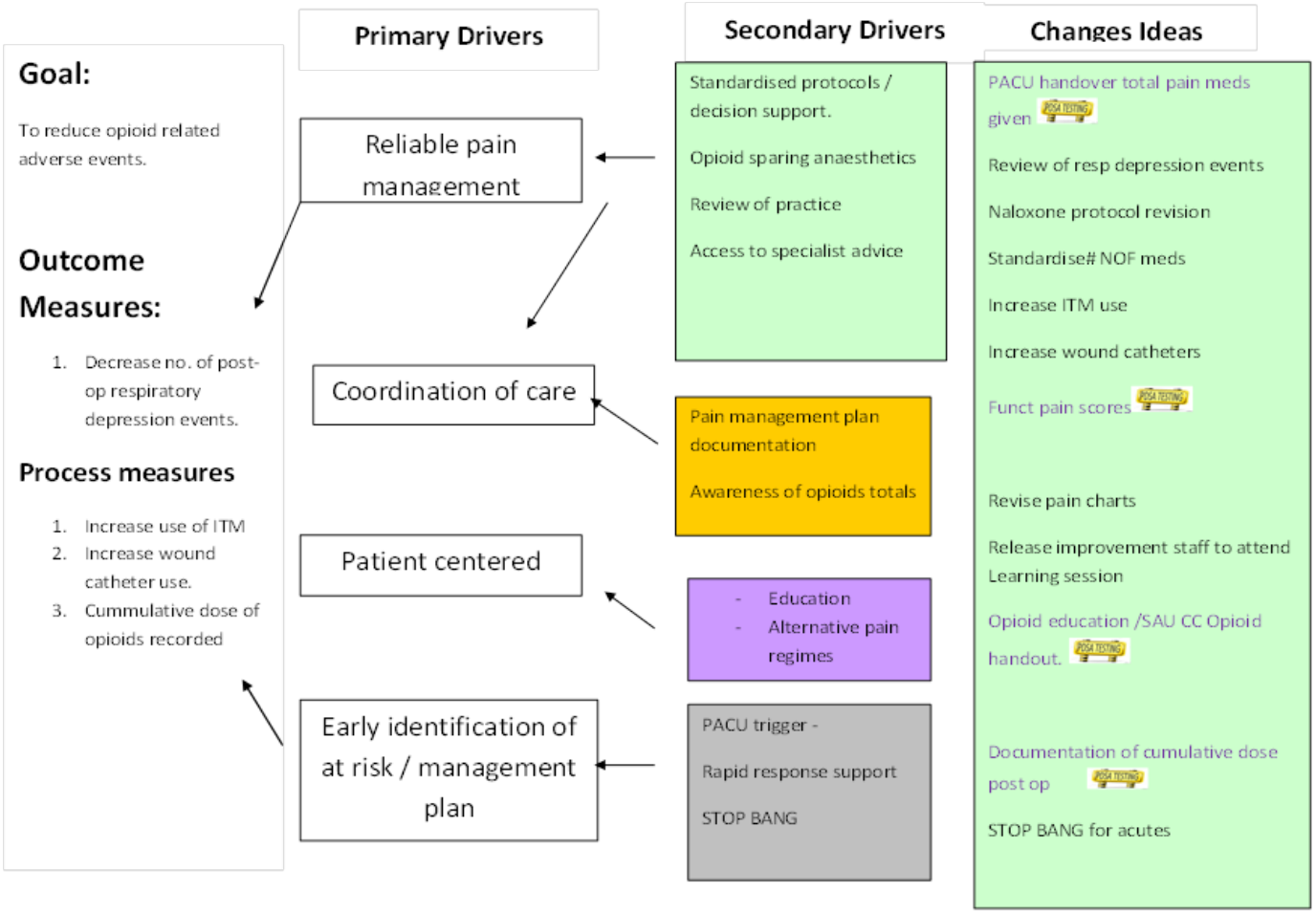


Northland DHB improvement journey

- What we thought (predication)
  - Constipation and nausea and vomiting would be an area of harm. (GTT information)
  - Respiratory depression events would be rare events, occurring in the elderly population
  - Concerns regarding the level of use of oxycodone.
  - Small levels of harm
  - Would use the GTT and incident data to demonstrate levels of harm and our for our outcome data.
- What we learned
  - Opioid adverse events not incident reported (no errors)
  - Constipation is a significant issue
  - Respiratory depression occuring every 9 days.
  - Patients having resp depression younger population than expected.
  - Oxycodone prescribing not an issue
  - Coding data most useful source for detecting opioid harm issue.
  - Needed to scale down improvement focus.
  - Work on areas were modifications to care might lead to less adverse events.

Our revised theory for improvement

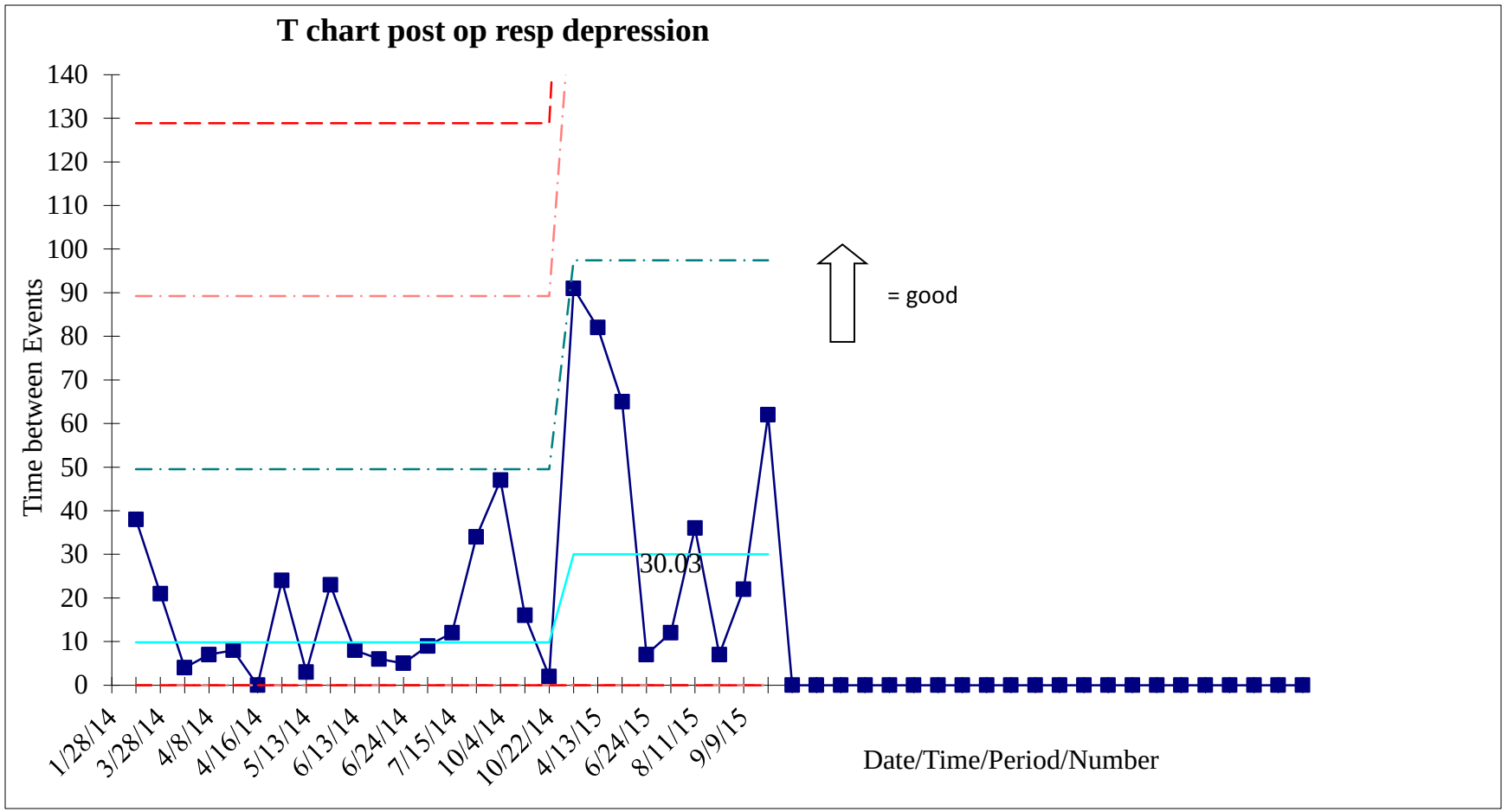
Driver Diagram Version 1 (Sept 15)



Key change ideas being tested

- Identifying at risk
  - Reliable STOPBANG
  - Cumulative dose documentation
- Management of at risk
  - Revise naloxone protocol
  - Rapid response trigger
- Reducing risk
  - Opioid sparing anesthetics'
  - Patient literacy
  - Education

Time between post-op respiratory depression events



Are we safe yet !

Key lessons/achievements

- Improvement is a continuous journey
- Need to drive getting PDSAs for learning and improving.
- Use patient stories and data to build will and support change processes.
- Taking clinical staff on the journey – improvement is a team sport