

Safe use of opioids national collaborative Presentation

Southern District Health
Board



Aim

We aim to reduce the harm (nausea, vomiting) from opioids in orthopaedic patients by 25% by March 2016.

Scope

Orthopaedic patients
Postoperative nausea and vomiting

List of interventions tested

- Risk assessment sticker for PONV (14.8.15)
- Ice-blocks for postop patients (28.9.15)
- Protocol prescribing on Medchart for opioids/ antiemetics (tested but not implemented yet)
- Anaesthetic preadmission assessment to include risk score for PONV*
- Including check of PONV risk score at each step in process*

* Not yet implemented- awaiting services to make the planned changes

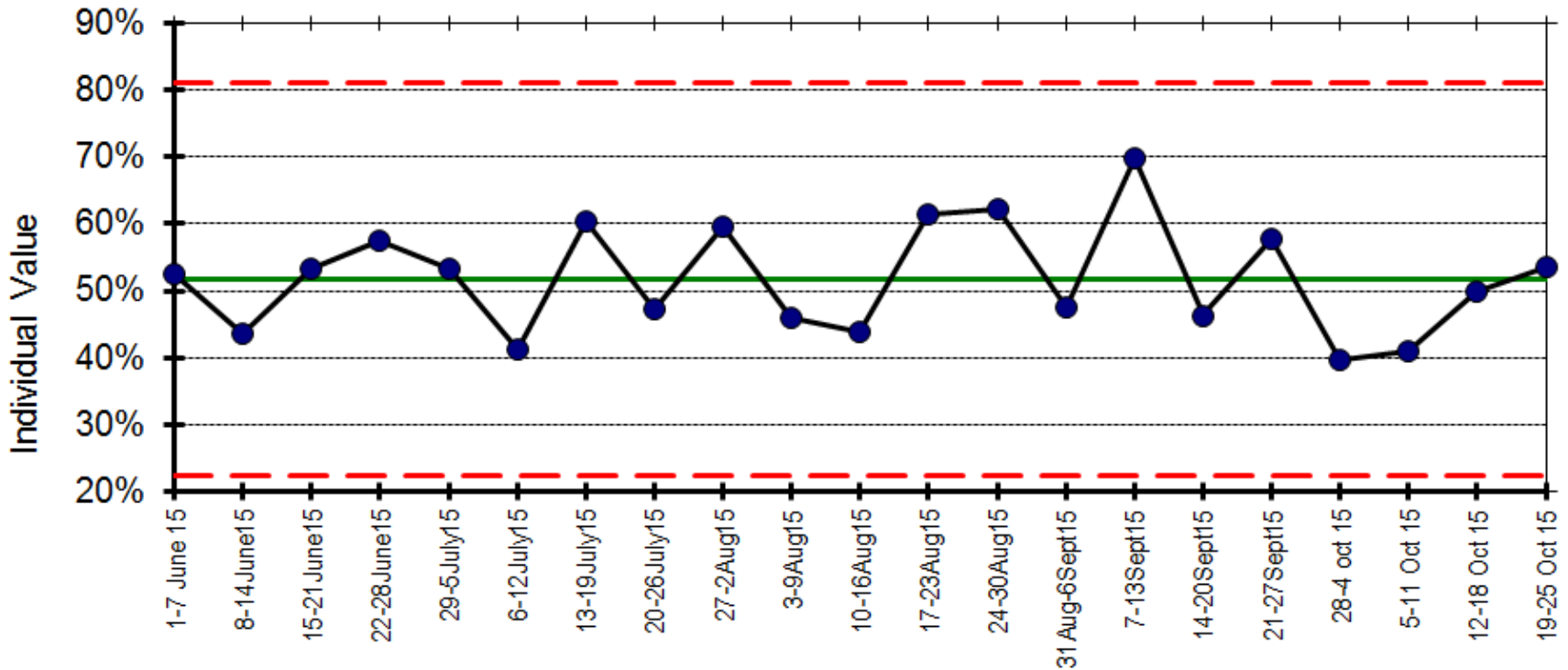
What the data shows

- Collecting monthly CHADx data (harm from opioids/ total discharges) – numbers very small. Have explored coding issues. Still not clear why discrepancy between coding (0- 1.5%) and rates of PONV relating to opioids(approx. 10-12%)
- Beginning to work with run charts – entering the data. Still to work through what it means, what other data we want to look at.

Patients who received an antiemetic

% of patients discharged who had an antiemetic

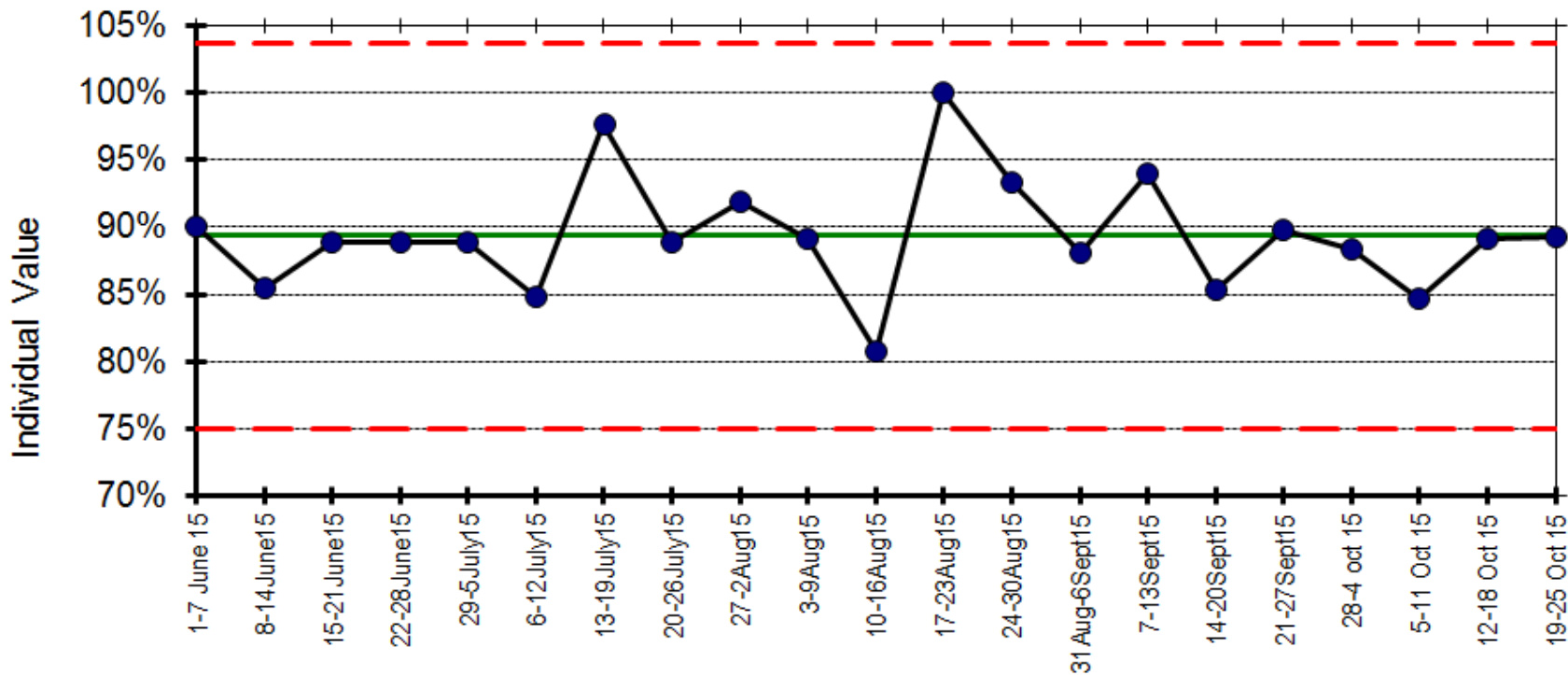
Special Cause Flag



Patients who received an opioid

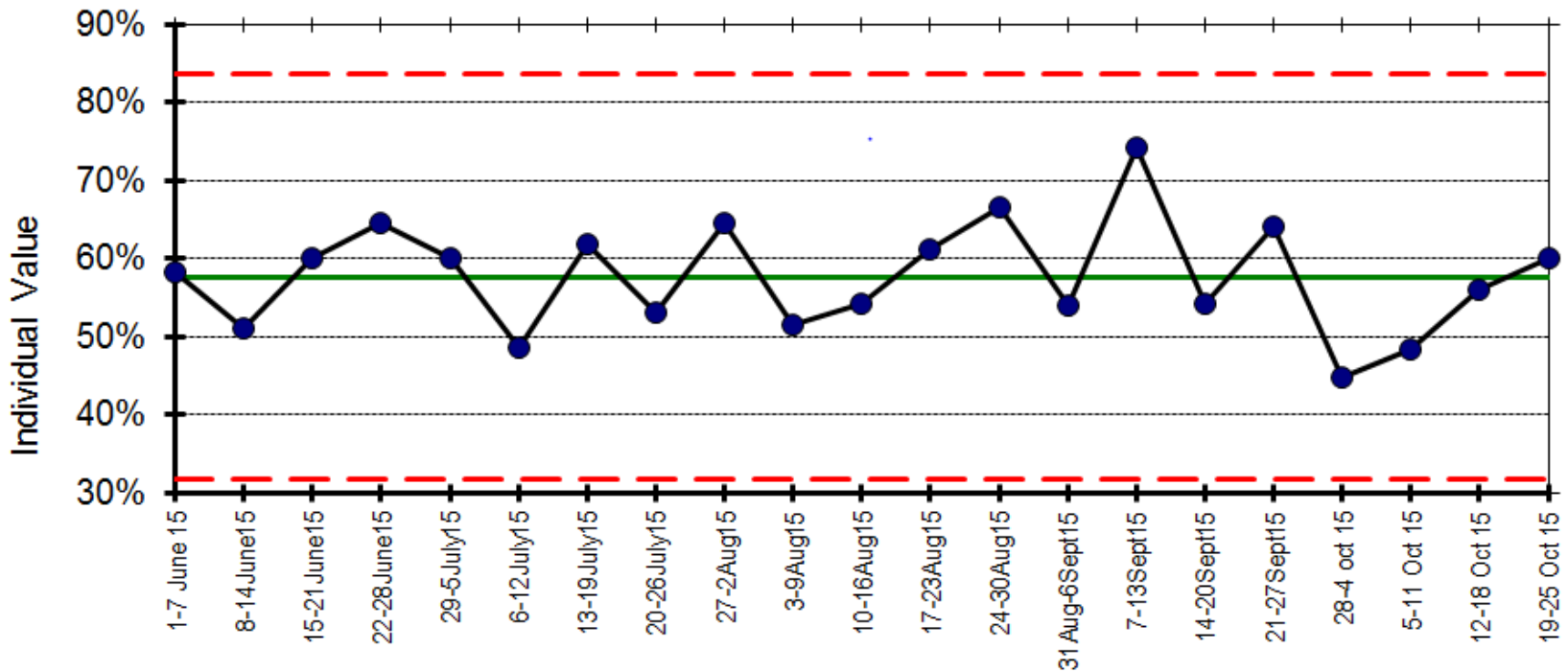
% of patients discharged who received opioid

Special Cause Flag



Data from Medchart

% of patients who received an opioid who also received
antiemetic



Key lessons/achievements

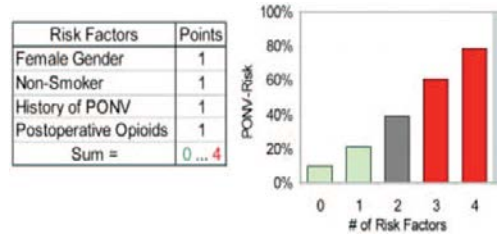
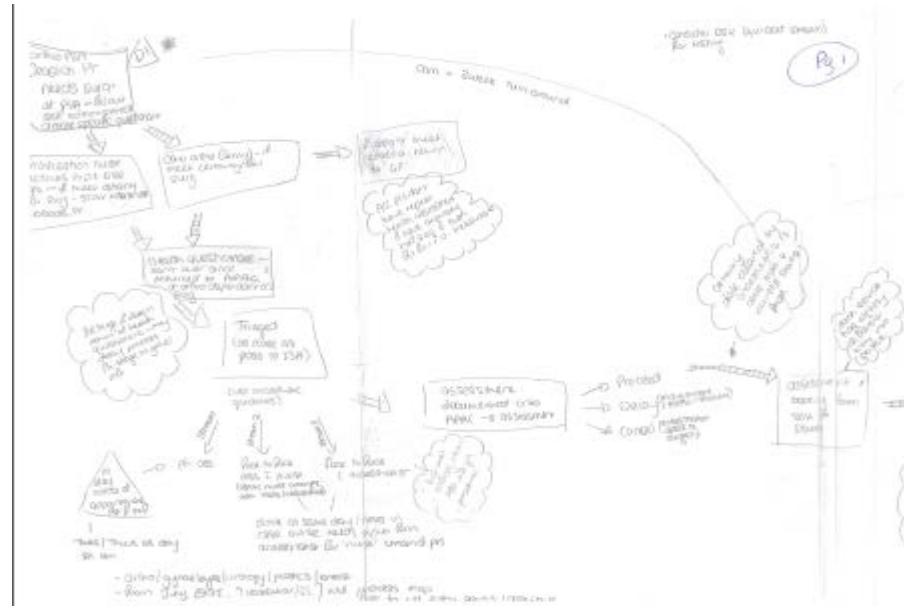
- Collecting raw data on a regular basis is not sustainable unless you identify a system that can support you.
- Don't assume you know what will happen (see visual map where we have walked through the process)
 - our initial assumption- if patients received antiemetics at the same time they received opioids, we would solve the problem
 - ✗ we learnt that we would potentially create further problems (side effects of opioids), getting compliance would be challenging (education is often seen as the answer to everything- this doesn't work as the sole intervention)
- You need to take time to understand what currently happens and work with the clinical teams about what interventions will be most effective to ensure sustainable change

Struggles

- Time- for the project lead, for the team, for those helping capture the data
- Waiting on clinical areas to implement the changes they have agreed to
- Getting data from medchart – setting up systems that allow you to report easily in an ongoing manner

Successes

- Developing the visual map - allowing us to understand what currently occurs and identifying opportunities for improvement.
- Identification of a standardised assessment tool which is internationally recognised by the anaesthetic staff.
- Having a poster accepted by a previous team member to the IHI conference in Florida in December.



Reducing Harm from Opioids Southern District
A National Collaborative
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Background
The South Island and North Canterbury District Health Boards (DHBs) have been identified as high risk for opioid-related harm. This project aims to reduce the number of opioid-related hospital admissions and deaths in the region.

Outcomes
Reduce the number of opioid-related hospital admissions and deaths in the region. Increase the number of patients who are prescribed opioids for pain management. Increase the number of patients who are prescribed opioids for pain management.

Aims
Reduce the number of opioid-related hospital admissions and deaths in the region. Increase the number of patients who are prescribed opioids for pain management.

Project Strategy
A multi-disciplinary team of clinicians, pharmacists, and other healthcare professionals will work together to develop and implement a standardised opioid prescribing protocol. The project will also focus on education and training for healthcare professionals.

Next Steps
Implement the standardised opioid prescribing protocol. Monitor and evaluate the impact of the protocol on opioid-related hospital admissions and deaths. Continue to work with healthcare professionals to improve opioid prescribing practices.