

# Safe use of opioids national collaborative



*West Coast District Health Board*

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# Aim

To reduce the harm associated with opioid induced constipation for all inpatient surgical patients by  $\geq 25\%$  by the end of 2015.

# Scope

- Focusing on Barclay Ward (surgical ward) at Grey Base Hospital.
- No specific opioid is monitored but all common opioids including and not limited to (morphine, oxycodone, codeine).
- We are recording both PRN and regular but our target is for regular laxative parallel prescribing.

# List of interventions tested

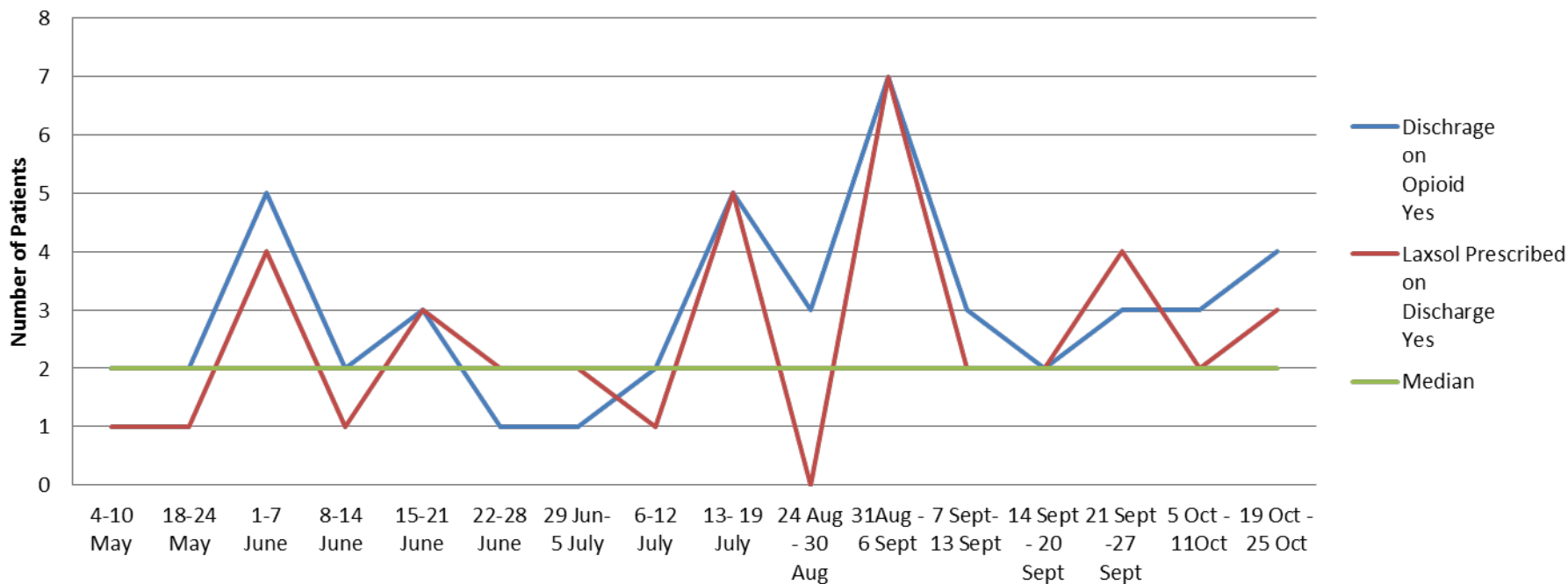
- Co-prescribing laxatives & opioids guidelines
- PPT. to RMO to Co-prescribe regular Laxsol
- Using Stickers for parallel prescribing
- Monitoring and documentation Bowel movements at each shift on front of observation form
- Monitoring and documentation Bowel movements by Creating a Stamp to use each shift to record bowel movement used in the clinical notes margin
- RMO to ask about BM pre-admission
- Regular administration of Laxsol
- Training of current clinical staff- Guidelines, prescribing and Parallel prescribing
- Anesthetist to add a slide on parallel prescribing at the induction orientation

# List of interventions tested

- Introducing card ‘pain escalation ladder’ that includes notes on laxative administration with opioids
- Promotional posters for clinical staff
- Educational posters for patients
- Information on constipation added to ERAS booklet for planned joints
- Brochures about “managing constipation” and OIC (opioid-induced constipation) for surgical patients
- Modifying the stamps
- Promoting the collaborative and targets during nurses hand over via our nurse champion
- Face-to-face interaction with RMO’s regarding guidelines
- Follow up promotional posters

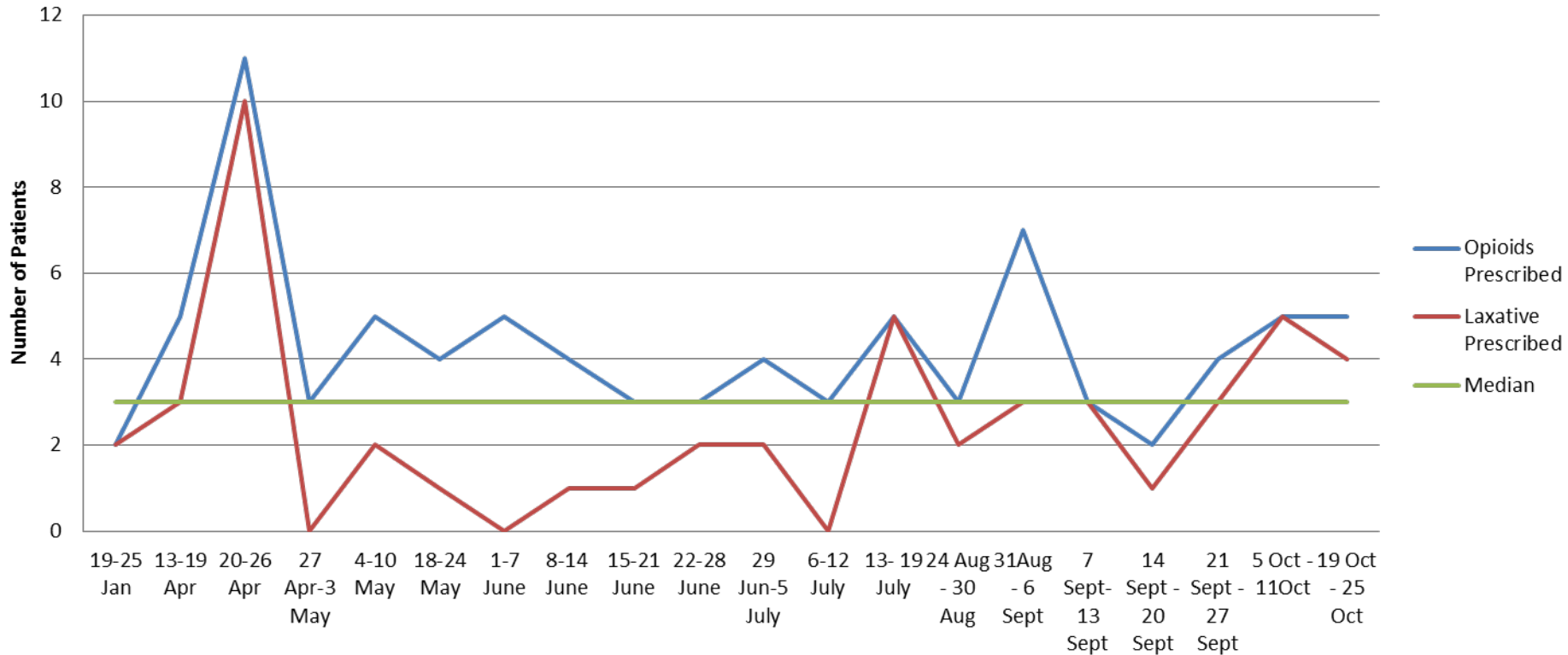
# What the data shows

## Concurrent prescribing of opioid & laxatives at discharge



# What the data shows

## Inpatient opioid & laxative prescribed concurrently



# Key lessons/achievements

- Team work.
- Sharpen the Saw (Stephen R. Covey) – Refresher training, poster or reminder is a must.
- You won't get it right the first time, but that's what PDSAs are for.

# Struggles

Sometimes planning a PDSA and implementing it shows some discrepancies as you get different start dates, delays... etc. which increases workload to get back to the PDSA and modify it.

We had a change in the project lead which also was a bit of a challenge handing over a project in the middle.



# Successes

Each team member already started using PDSAs in other areas, and moved it to his/her colleagues.

The satisfaction of improving patients' health outcome. That would be worth all work done and more.