

Safe use of opioids national collaborative



Aim

By December 2015 we aim to reduce the occurrence of constipation (defined as bowels not open for 3 or more days) in patient's receiving opiate medication within the two pilot wards at Tauranga and Whakatane Hospitals to less than 38% from the base line of 50%.

Scope

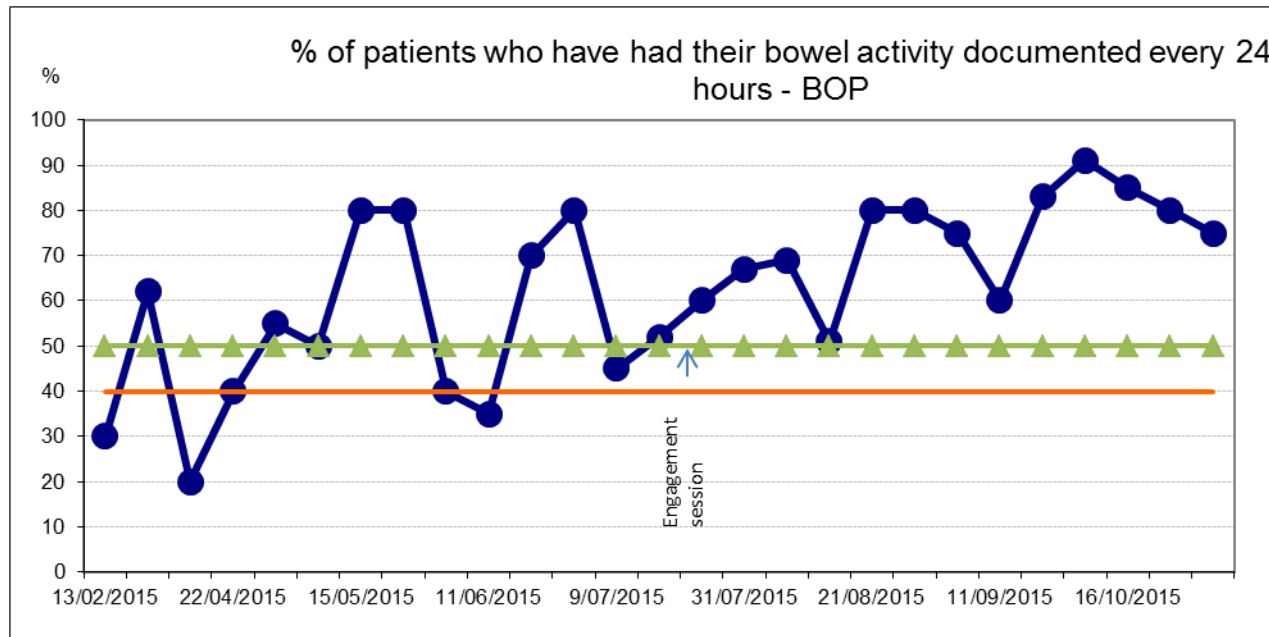
This project will include all adult inpatients who are prescribed and have received opioid medication in the two pilot wards at Tauranga and Whakatane Hospitals.

Areas	Inclusions	Exclusions
Pilot/testing areas	Adult inpatient services – Whakatane Surgical ward (22 beds) and Tauranga Orthopaedic ward (39 beds)	
Type of harm	Constipation	
Type of patients	All adult patients who receive opioid medications during an inpatient admission of >36 hours	Patients with diarrhoea or ileus

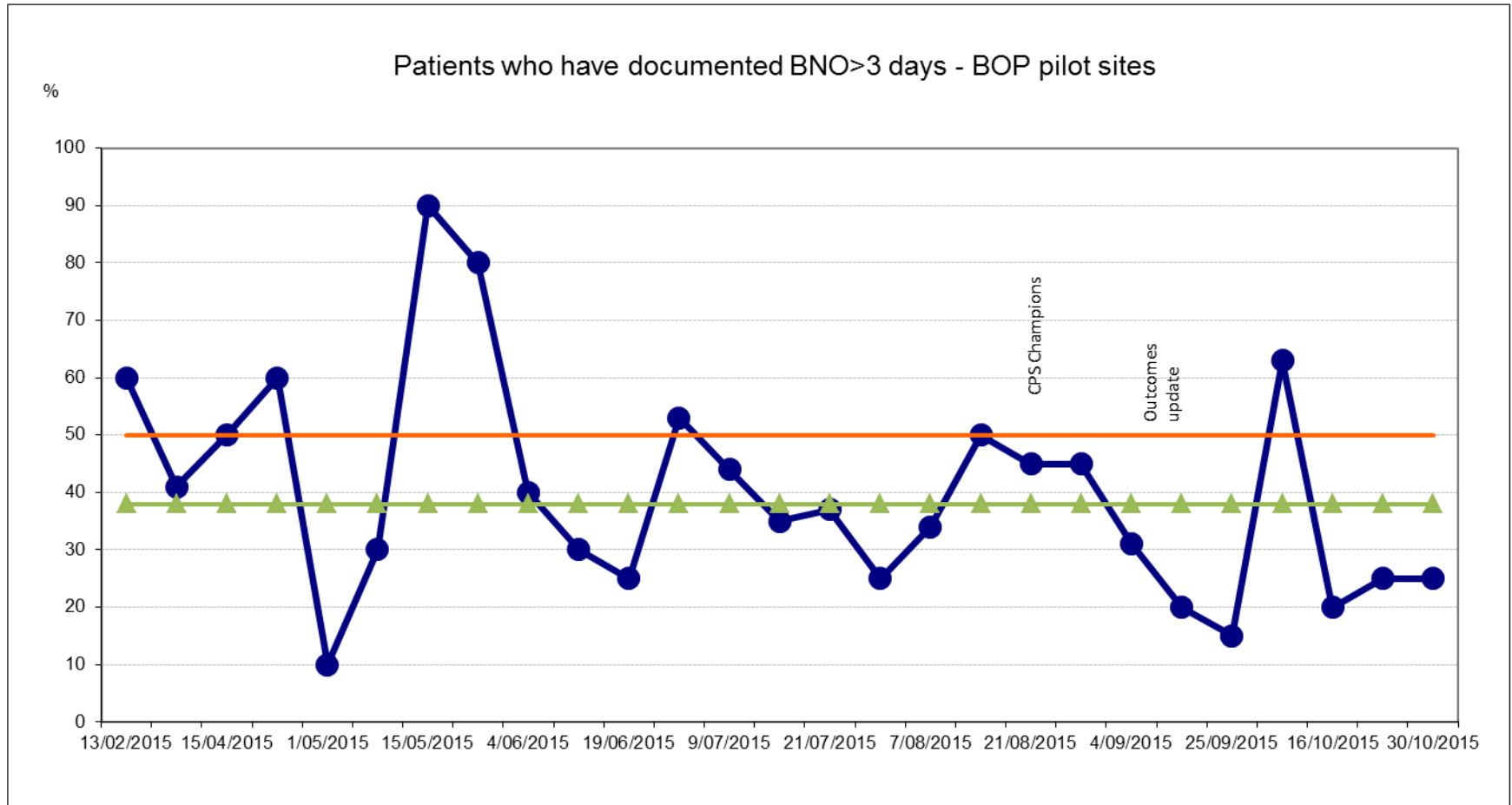
List of interventions tested

• Education on documentation standards	19 th March 2015
• Posters with standards in pilot areas	26 th March 2015
• Bulletin/ newsletters	21 st April and 28 th May 2015
• Engagement meetings	15 th July and August 2015
• Clinical Pain Service champions	3 rd August 2015
• Outcome /update posters	24 th August
• Audit of HO knowledge and poster of results	25 th September

What the data shows



Constipation incidence



Key lessons/achievements

- Feedback to clinical teams is a worthwhile investment.
- Education is only a small part of the change.
- Documentation of the study phase needs to be more robust and considered eg, what did we expect to see vs what we saw.

Struggles

- Clinical lead engagement – priorities.
- Maintaining momentum.
- Documentation of ideas and PDSA cycles.
- Low visibility of what is going on .

Successes

- Improvement in documentation of bowel habits.
- Increased co-prescribing of laxatives with opioid medications.
- Trending reduction in constipation incidence.