HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

Safe use of opioids national collaborative

Waikato DHB

Aim

To reduce opioid induced constipation by 25% from a baseline of 56% on the pilot ward by March 2016.

Scope

Pilot/testing areas:

- General surgery M2
- Orthopaedics M6 and 16
- To include patients administered IV and / or oral opioids

List of interventions tested

- 12 March: Use of EWS to record bowel activity daily
- 24 July: Bowel stamp introduced
- 1 October: ‘Action’ added to bowel stamp
- Poster campaign to improve use and completion of bowel stamp
- 5 October: Prunes available for patients at breakfast
- 5 October: Constipation management algorithm – on 6/16

List of interventions – continued

- 19 October: Information added to patient trays regarding prunes ordering
- 12 October: Patient information posters in all toilets
- 5 October: Opioid information leaflet for patients
- Education and information sessions with Anaesthetists

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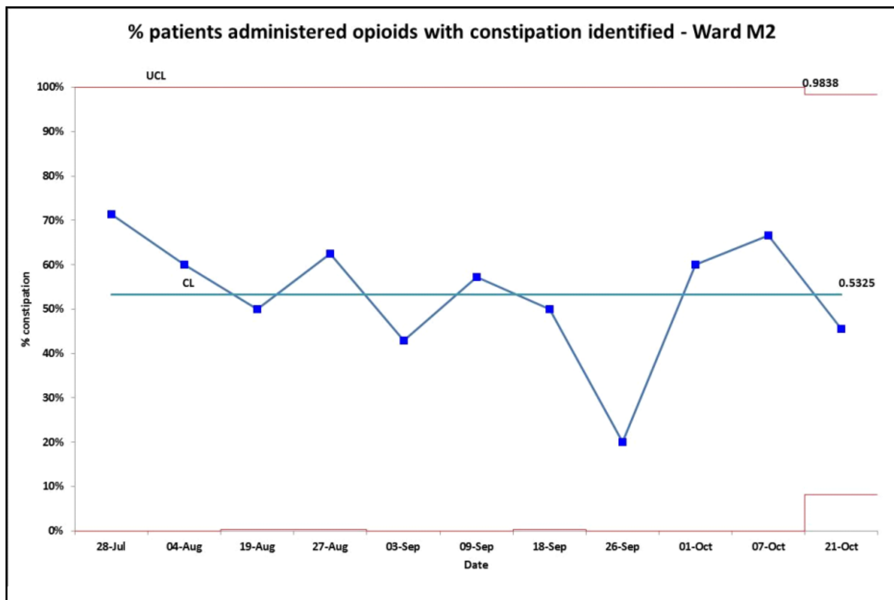
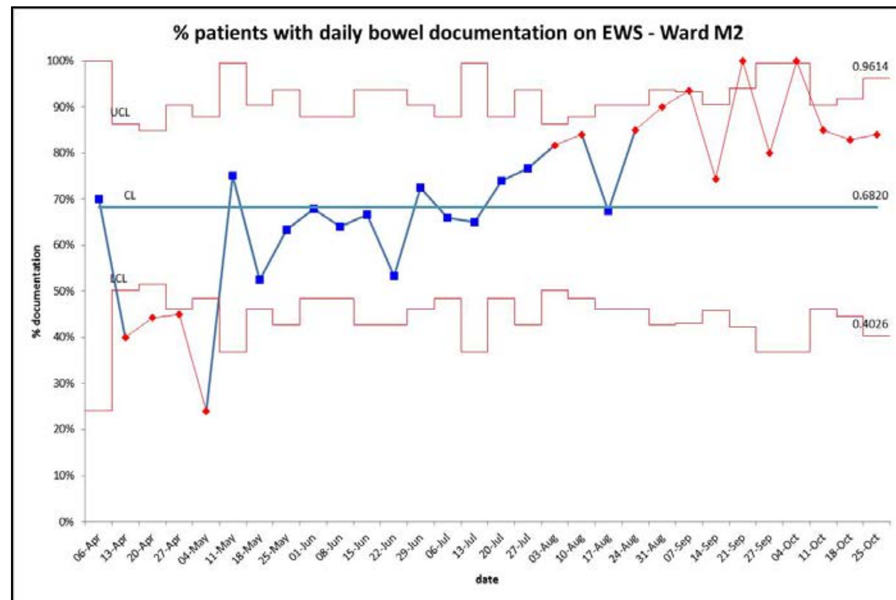
What the data shows





Overall constipation rate remains unchanged

Documentation rate where bowel activity is recorded at least daily on the EWS has shown a steady improvement over time

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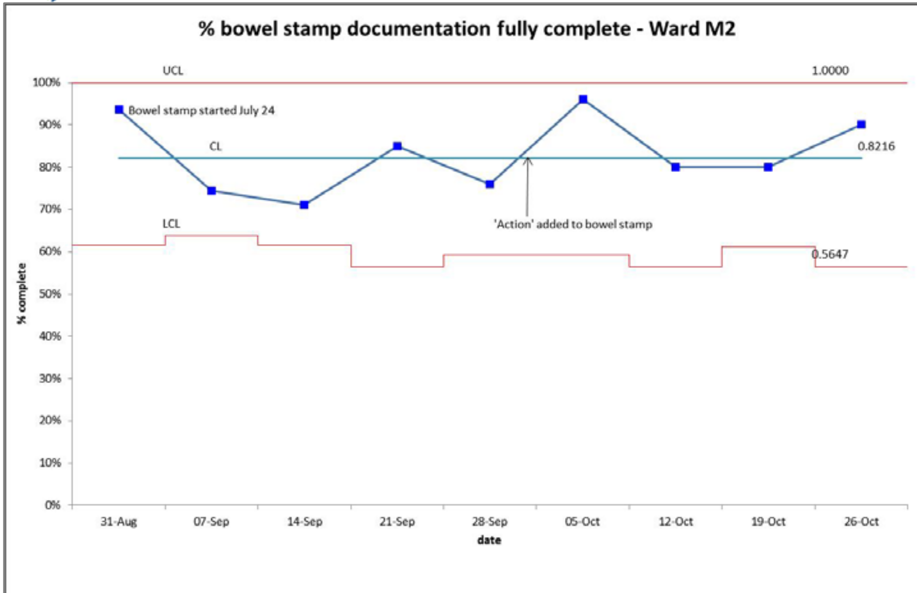

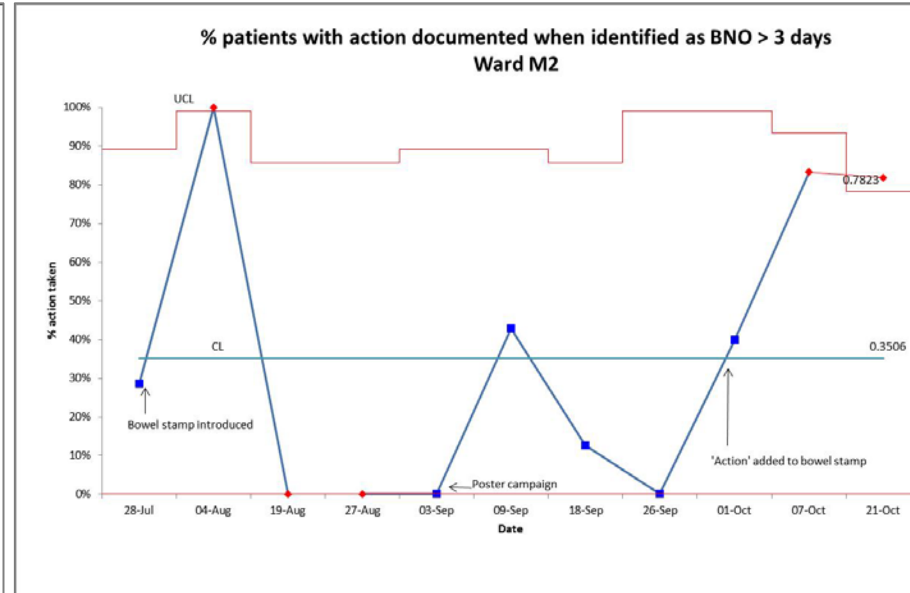

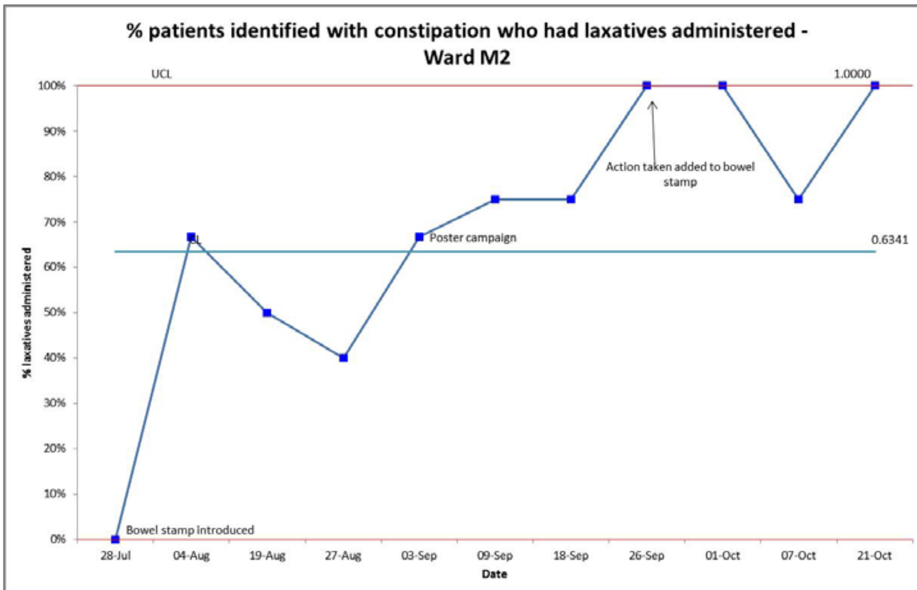

- Bowel stamp documentation remains around 82%.
- Introduction of bowel stamp started well but tailed off. Responded slightly to poster campaign and much improved with updated stamp.
- Steady improvement in % laxatives given – appears to be in response to introduction of bowel stamp and latterly with 'Action' added.

Key lessons/achievements

- Local leadership with ability to maintain focus is key to ongoing improvement.
- The bowel stamp has made a significant difference in ease of tracking documentation and ensuring action taken.
- Very difficult to get key clinicians on board to change prescribing practices – eg, Anaesthetists are main prescribers of opioids and ideally placed to prescribe regular laxatives.

- We can change people's attitudes by starting with small scale testing – we have the potential to test kiwi-crush and if this is successful, willingness to use organisation-wide.
- Apparent improvement in prescribing of regular laxatives.
- Need now to work on prevention rather than just treatment.

Challenges

- Engagement of the wider team – constipation is not glamorous or exciting so junior doctors became rapidly disengaged.
- Visible and vocal executive and clinical leadership is needed. This is not a nursing only responsibility.
- Time resource and competing demands.

Successes

- Continued engagement and enthusiasm of the core group.
- Progress made on M2 with using improvement methodology and aligning it with Releasing Time to Care processes.
- Engagement with patients to develop information and resources.
- Willingness of the wider group to explore different approaches and ideas.