Safe use of opioids collaborative

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SAFETY | CAPABILITY

Welcome to the first edition of the safe use of opioids collaborative newsletter

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The collaborative is still in the early stages (with only 12 months to go!) but already we've achieved a great deal. We've had four regional learning session zeros, and the first national meeting (learning session one) was held at Te Papa in late February. More importantly, most district health board hospitals (DHBs) have formed collaborative teams and refined their aim statements. Data collection plans are being created, with some DHBs already establishing their baselines – all teams need to establish a starting point against which improvement efforts can be measured. Change ideas to reduce opioid-related harm, to be tested through local rapid improvement cycles, are not far away. We are currently in '*action period one*' – always a challenging time as ideas translate into action.

I am continually impressed with everyone's enthusiasm and commitment to this important collaborative – thank you.

In this newsletter, we showcase learning session one, profile the collaborative team from Hawke's Bay DHB, and provide a snapshot of the main opioid-related harm areas that will be targeted during the collaborative. Future editions will contain local quality improvement case studies, national data and additional team profiles. Please feel free to share this newsletter with colleagues across your DHB.

This is our collective quarterly newsletter – we welcome contributions from all teams. If you have information or lessons to share, then let's use this as a mechanism for assisting learning from each other.

Ka kite anō.

Avril Lee, clinical lead

The national collaborative team (L–R): Prem Kumar (quality improvement advisor), Avril Lee (clinical lead), Beth Loe (medication safety specialist), Carmela Petagna (senior portfolio manager), Emma Forbes (senior project manager – medication safety), John Kristiansen (project manager).

Hawke's Bay DHB profile

When the team from Hawke's Bay DHB applied the global trigger tool, they identified that opioid use was associated with significant harm, particularly constipation and nausea/vomiting with a disproportionate number from orthopaedics (a high opioid use area). Informal patient feedback also suggested that constipation was one of the most unsatisfactory elements of orthopaedic in-patient stays. Constipation was therefore chosen as the initial intervention target to reduce patient harm (see also Pareto chart of national harms).

The benefits of the collaborative are clear to Billy Allan, chief pharmacist and collaborative project lead. Billy says the collaborative has helped to bring health professionals from different disciplines together. However, the key benefit of the collaborative concerns their patients – opioid use is meant to help people, not harm them. The aim of their local collaborative is to improve the experience of patients admitted to the orthopaedic ward (B3), and who are prescribed an opioid analgesic, by reducing constipation by 50 percent by the end of January 2016. An initial baseline audit is in progress to establish the level of constipation-related opioid harm; once a baseline is established the team will implement intervention(s) then undertake further measurement to assess impact.

The clinical lead for Team Hawke's Bay is Dr James Curtis and the DHB project sponsor for the collaborative is Dr John Gommans.

Representing **Team Hawke's Bay!** Learning session one at Te Papa, 26 February 2015: L–R: Kerri Cooley (nurse director, elective services), Sally Houliston (nurse consultant), William (Billy) Allan (chief pharmacist and project lead), Andrea Craig (registered nurse, orthopaedics). Note: not all steering group and project team members are pictured.

The nature of this collaborative

This national collaborative is distinctly different from others you may be familiar with, for example *Target CLAB Zero*, which had a predefined suite or 'bundle' of interventions to roll out. The opioid collaborative is described as a 'formative' collaborative; this means there is no bundle to implement. In fact, the key objective during the 18-month programme is to develop a bundle of care to reduce opioid-related harm. We should not underestimate the challenge, but we are up to it – this is exciting and innovative territory!

Structure of the formative collaborative

The collaborative will involve four learning sessions. Four 'learning session zeros' were held (one in each region), which were focused on engaging and encouraging teams to participate in the programme. Then three national learning sessions follow, comprising learning, sharing and coaching, to build knowledge about quality improvement approaches and support local DHB teams (as they test interventions that may reduce opioid-related harm).

Learning session one (the first national learning session) was held at Te Papa in Wellington on 25–26 February, and attended by 70 delegates from 19 DHBs. Teams learned about systems thinking and quality improvement methodologies and tools through theory and group exercises. The learning session also provided a chance to network and learn about delegates' experiences in identifying and reducing opioid-related harm.

Delegates completed a survey about learning session one. The elements that received the highest positive ratings by participants included working with other people and DHBs, the team tasks, and the interactive learning approach. The top five potential enablers to a successful collaborative identified by respondents were: team work and commitment; buy-in from senior management; expert advice and guidance from the Health Quality & Safety Commission; learning from other teams; and a team approach to quality improvement.

The Honourable Peter Dunne, Associate Minister of Health, gave the opening address. Read the opening address or watch the video. In his speech, the Minister described the case of an 82-year-old man who died due to complications associated with opioid toxicity.

'The challenge for you,' reaffirmed Minister Dunne, 'is to test interventions, and to identify the ones that demonstrate proven reductions in opioid-related harm, which can then be shared nationally.'

Presentations and materials from the learning session are available on the Commission's website.

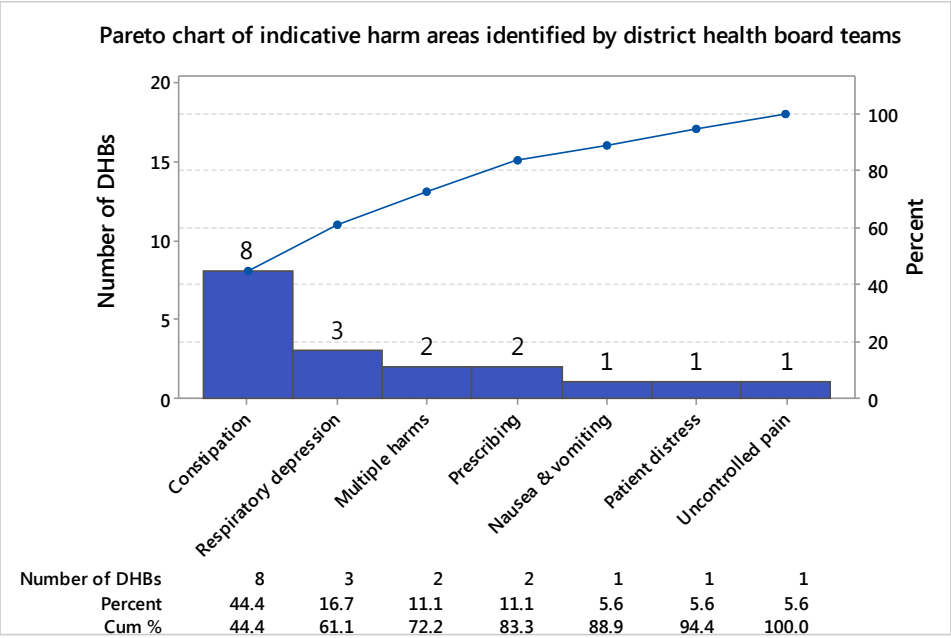
The Commission's Carmela Petagna gives an overview of the collaborative.

Learning session one delegates hard at work.

Pareto chart of indicative harm areas

There are many types of opioid-related harm that are being addressed by the collaborative, guided by some of the discussions of the Expert Faculty members convened at the beginning of the collaborative.

This chart reflects the type of harm that the DHBs have chosen to target during the collaborative; it is based on information in their project charters, which may be further refined.



Number of DHBs	8	3	2	2	1	1	1
Percent	44.4	16.7	11.1	11.1	5.6	5.6	5.6
Cum %	44.4	61.1	72.2	83.3	88.9	94.4	100.0

Currently seven areas of harm have emerged across 18 DHB sites (rather than 20) because Capital & Coast DHB, Hutt Valley DHB and Wairarapa DHB are working together as a sub-regional group.

A **Pareto chart** is a type of chart that contains both bars and a line graph, where individual values are represented in descending order by bars, and the cumulative total is represented by the line.

Evaluation

It is important to evaluate this collaborative from the outset. For this reason, we have contracted an independent evaluation provider (Synergia Ltd) to work with us to capture the successes, challenges and learnings from the collaborative at national, regional and local level. The evaluation will inform us on whether the approach adopted for this collaborative has delivered the expected outcomes.

On the horizon

Regional teleconferences

To support the regional and national learning events, there are structured monthly regional teleconferences. The next round of regional hook-ups are:

Central and South Island regions – 13 May 2015

Midland and Northern regions – 14 May 2015.

Learning session two

The second national learning session will be held in Christchurch at the Hagley Pavilion on 23–24 June 2015. This meeting will be a chance for DHB collaborative teams to share work from 'action period one', the time elapsed since learning session one.

We are excited to report that the learning session will be supported, in person, by quality improvement advisors from the Institute for Healthcare Improvement (IHI), an independent not-for-profit organisation based in Cambridge, Massachusetts. The IHI is a leading innovator, convener, partner and driver of results in health and health care improvement worldwide.

Learning session three – save the date!

Auckland, 20–21 October 2015: venue and other details to follow shortly.

Further information

Collaborative webpages

The Commission's website has more information about the collaborative.

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