

Opioid Audit Bundle

Safety in Practice Learning Session 1

Dr. Vikas Sethi - Clinical Lead, Safety in Practice
Dr. Stuart Jenkins - Clinical Director Primary Care
ADHB/WDHB

Why Opioid Audit Bundle?

- High risk medication
- Acknowledged as a cause of patient harm:
 - Causes admissions
 - Emergency department attendance
 - Near misses
 - Significant events
 - Side effects
 - Addiction
- Often issues around communication & understanding

Audit Bundle

Practices will randomly sample 10 patients who have been prescribed opioid derived analgesia more than once in the past 6 months, to see if they are reliably receiving the following care



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Practices will randomly sample 10 patients who have been prescribed opioid derived analgesia more than once in the past 6 months, to see if they are reliably receiving the following care:

- Palliative care patients usually have a clear management plan in place from the hospice
- More common codeine patients are generally more acute with less follow up planning
- If we omitted tramadol, we may miss a drug of abuse
- *At least 5 of these patients to be on potent opioid analgesics such as sevredol or morphine.*

Audit Question 1

Is there a clear indication within the clinical record for an opioid derived analgesic to be used/initiated?
(Y/N)



Audit Question 1

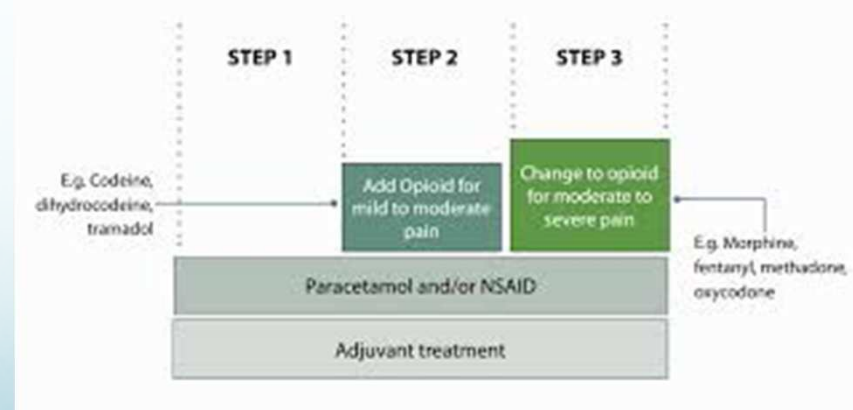
**Is there a clear indication within the clinical record for an opioid derived analgesic to be used/initiated?
(Y/N)**

- There may not always be a classification or a specific diagnosis made but there should be evidence that the prescription is justified
- This needs to be apparent to the non-attendant clinician also.

Audit Question 2

Is there evidence that the analgesic ladder has been used prior to the patient being prescribed an opioid derived analgesic? (Y/N/NA)

- BPAC has an excellent resource on the WHO analgesic ladder



Audit Question 3

Is there a clear management plan? - evidence that side effects, self management and timely review have been discussed with the patient. (Y/N)



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- ABC approach (antiemetic for the first week, breakthrough analgesia and constipation advice)
- Self-management albeit functional goals or patients attending for investigations or allied health appointments should also be clearly addressed
- Timely review must be planned at the outset of treatment.

Audit Question 4

Is there a documented reason for any premature prescription requested? (Y/N/NA)

- If a script is ordered earlier than planned, there must be documented evidence of a discussion with the patient. This can be with any member of the practice team
- This would address prescription manipulation (lost scripts, multiple prescribers, telephone requests).

Audit Question 5

Has clinical review occurred effectively prior to the second prescription being issued. (Y/N)

- The three measures that must be met are:
 - Was the review timely (or did the patient need to be recalled?)
 - Was there evidence of discussion of pain management?
 - Was there evidence of discussion of side effects?

Audit Question 6

Have all of the above been met? (Y/N/NA)



What next?

- Finalise which audit bundle you'd like to do
- Complete a query to identify who is recorded as being on opioid derived analgesia
- Identify who is and isn't actually on opioid derived analgesia
- Complete first month's audit - Due 15th July
- Plan first meeting with facilitator, clinical lead and improvement advisor.

