

# Learning Session 4

## Avondale Family Health Centre Opioid Prescribing

Team members: Dr Coral Fonseca, Sinead McIntyre (PN) & Adam Healey (PM)

PHO and Facilitator: Alliance Health Plus /  
Serena Davis.

# Measures Summary

Share your results for the year and annotate any key change ideas

Results showed slight improvement over the year for reasons documented to prescribe but not improved for management plans as there is not a current best practice template for arranging one.

Analgesic ladder and literature was given to all GP's and discussed during staff meetings which made GP's more aware of the prescribing process and reduced unreviewed repeat prescribing.

# Learnings & Change Package

## •Best Change Idea

–Share your best change idea & what the result was

–Giving the GP's the analgesic prescribing ladder along with relevant literature.

## •Helpful to know

–What other learning would you like to share with everyone?

–The benefit of identifying high risk and drug seeking patients and to reduce potential harm from these findings.

–We learned what the red flags were for identifying opioid abusers.

# Trigger Tool

## 1. Search Criteria

Care Plus patients with 2 or more conditions.

## 2. Harm found

84 yr old indian male presented with chest pain and low BP 100/50, advised by GP to reduce Cilazapril and recheck BP in couple of weeks but no recall was made and patient had 2 episodes of very low BP.

## 3. Solution recommended/implemented

Have a learning session with staff on how and when to make recalls and/or tasks in Medtech.

## 4. Incidental findings

Elderly Chinese male, over a year's worth of hospital admissions for chronic disease that weren't being reviewed or followed up by a GP as he had transferred to another clinic but his results were still being sent to us. Results were forwarded to new practice.

## 5. Experience of tool

Initially it was difficult to use to find appropriate patients for the tool and was time consuming to start but became easier to use. Staff were slow to change to use recalls and tasks as a means to manage patients care but this did eventually change to benefit both patients and staff.

Involve more members of staff in the process.

# Safety Climate Survey

1. What percentage of your practice completed the survey? 90%
2. Did you have a feedback session with the team? Not yet
3. Was the tool well received? It was ok
4. What changes have you made or plan to make as a result of the tool?
5. Yet to review results.

# Patient Experience

1. How do you currently determine patient experience? We do patient satisfaction surveys and have complaints forms.

2. Do you have any tips for people wanting to engage their patients and whanau?

3. What would you like do more of in regard to patient experience? Reduce patient waiting times.

## Other Thoughts

Are there highlights or anything else that the team would like to share, either with other practices this year or new practices starting soon?

Seeing changes if only slight, is a definite positive with regards to patient care and opioid prescribing. Being able to identify high risk and opioid abusers, so they can receive a greater level of care and planning is rewarding.

Frequent reminders to staff is important to keep their practice habits directed towards your goals.