

Avondale Family Health Centre

Opioid Prescribing

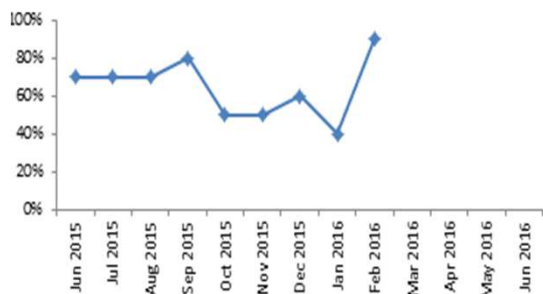
- Safety in Practice Team Members: Sinead McIntyre, Coral Foncesa and Adam Healey

- PHO and Facilitator : Alliance Health +, Serena Davis

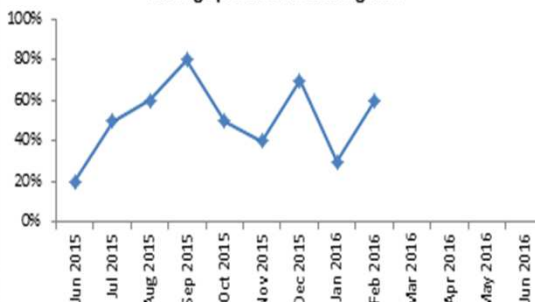


Measures Summary

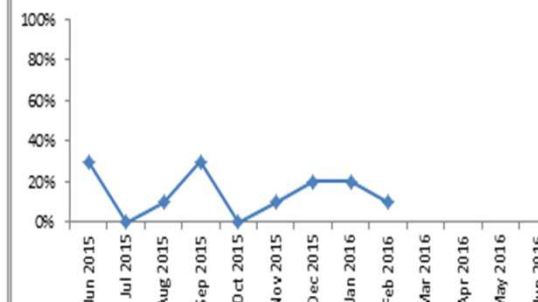
Is there a clear indication within the clinical record for a moderate to strong opioid derived analgesic to be used/initiated?



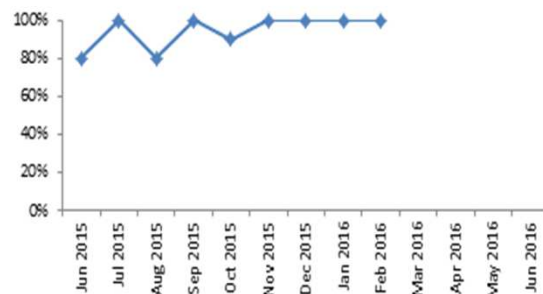
Is there evidence that the analgesic ladder has been used prior to the patient being prescribed a moderate to strong opioid derived analgesic?



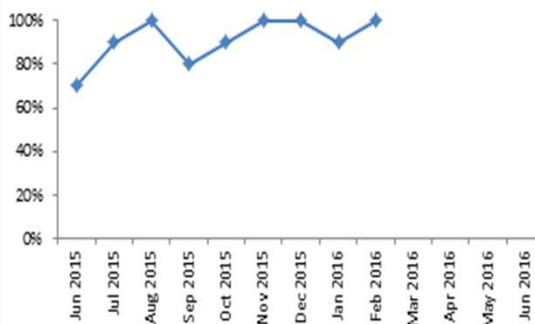
Is there a clear management plan?



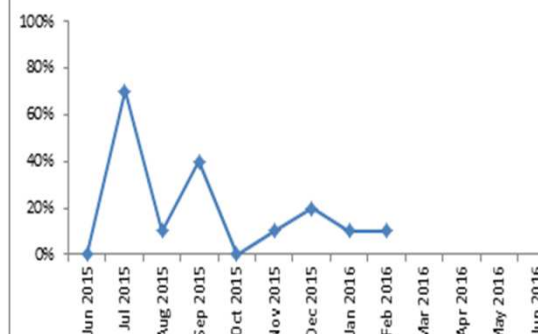
If a repeat prescription has been ordered earlier than expected, is there evidence of discussion with the patient?



Has clinical review occurred effectively prior to the second prescription being issued?



Opioid Prescribing Overall Compliance



Change Package

	Change Tested	Outcome / Evidence of Improvement
1	Patient alerts added to patient's files who were deemed high risk of opioid abusing and "GP shopping."	GP's can quickly identify patients at risk of abuse without going through the patient's entire medical records. Reduces the incidence of over prescribing, especially if it is the first time the GP is seeing that enrolled patient. Better response from GP's and shorter consult times.
2	Increasing staff meetings to communicate issues and protocol changes regarding opioid prescribing.	Keeps staff proactive and attentive in regard to the audit's results. Can communicate and highlight high risk patients to all staff, for future consults.
3	Reinforcing the pain ladder and updating GP's on best practice for prescribing.	Establishes management plans. Better able to discuss risks of opioid use with patients as GP's are updated on the patients status and progression with their opioid use.

Trigger Tool

- Initially finding appropriate patients and identifying areas of potential harm was challenging and going through the patients' records was time consuming, however, after repeating the process it became easier to complete.
- Staff were reluctant or slow to change their prescribing habits (especially the older GP's) as well as their computer skills updated but through expanding the nurses roles and better communication between all members of staff, these changes became more natural.
- We could identify areas which require attention to reduce harm which is beneficial for our patients.
- It gave proven examples to help assist and solidify the areas for explanation for change.

Highlights and Lowlights

Highlights

- Identify areas where safety could be compromised and organising ways to prevent this happening in the future, ie. Management plans.
- Reminds GP's to use the pain ladder to avoid using unnecessary opioid prescribing.

Lowlights

- Keeping staff proactive and interested in the audit findings.
- Communicating findings to all members of staff that have an effect in the prescribing habits.
- Difficult to change GP's habits and the conflicting opinions and research for and against different prescribing view points.