

Learning Session 3

Marsden Medical Practice Opioid Prescribing

Team Members:

Dr Jim Lello

Dr Celina Dewe

Monique Pearce

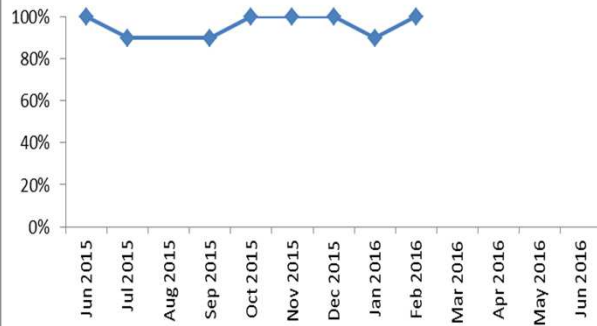
Lyn Smith

Myrine McMahan

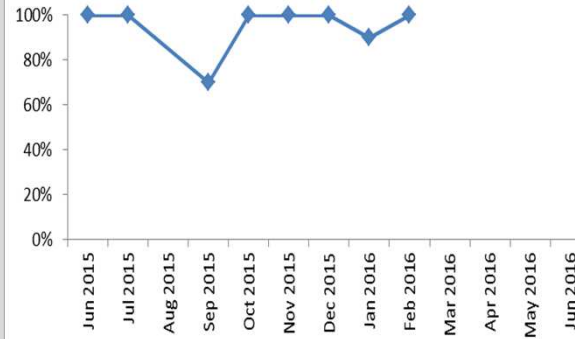
PHO and Facilitator: *Jean Lyle – Auckland PHO*

Measures Summary

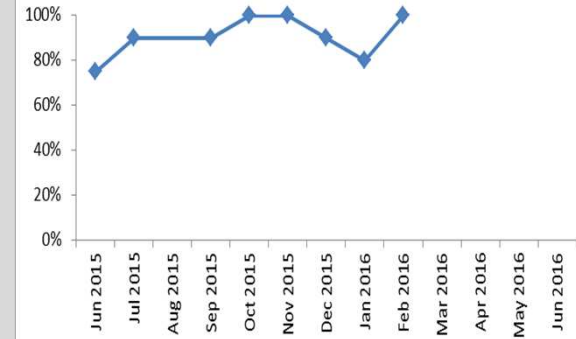
Is there a clear indication within the clinical record for a moderate to strong opioid derived analgesic to be used/initiated?



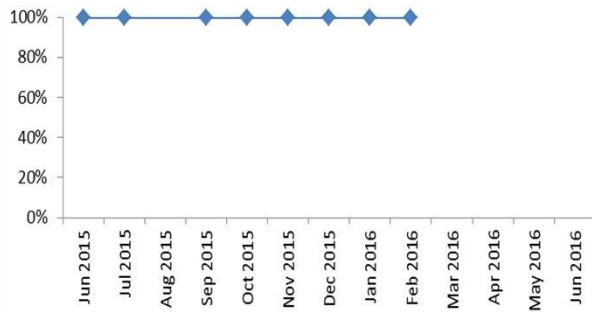
Is there evidence that the analgesic ladder has been used prior to the patient being prescribed a moderate to strong opioid derived analgesic?



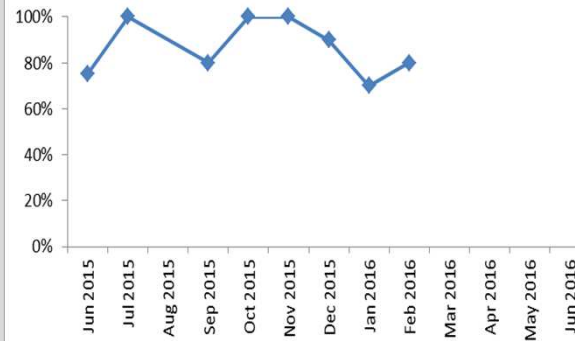
Is there a clear management plan?



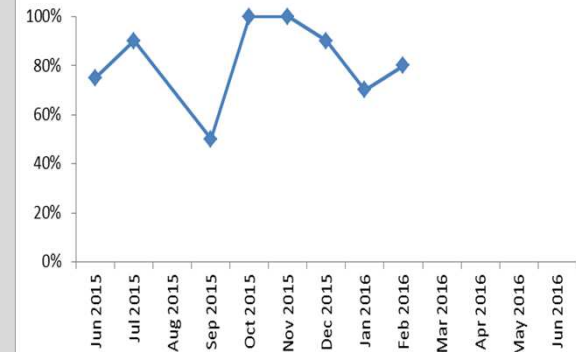
If a repeat prescription has been ordered earlier than expected, is there evidence of discussion with the patient?



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	Controlled drug Rx's are now scanned into patient notes by reception / admin staff	<ul style="list-style-type: none"> • Ensures audit trail • Eliminates "extra" CD Rx audit record.
2	"Socialisation" of opioid prescribing processes throughout practice team	<ul style="list-style-type: none"> • Update of locum / registrar orientation document to this effect • Rx scanning process by reception / admin staff has achieved "socialisation" throughout entire team
3	Explore possibility of coding for CD prescriptions within PMS	<ul style="list-style-type: none"> • Yet to be discussed with PMS provider

Trigger Tool / Climate Survey

- Safety climate survey recently completed by all team members – results pending
- Trigger audit to be completed by June

Highlights and Lowlights

- What has been the experience of the team (General Practitioners, nursing and administrative staff and patients) in terms of their involvement in the improvements that have been made
 1. Involvement of reception admin in a clinical area – surprising benefits. Adherence to Rules have more traction when people feel part of the process / or have some understanding of the reasons behind them.
 2. Convincing the registrar that GPs are not cumudgeons / idiosyncratic old buggers but we are happy to apply apply systems approach to an area.