



# Pukekohe South Doctors

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Team members: Hannah Holland RN, Gaylene Quinn, Dr Yoga Sinnathamby



## Organisational “Buy - In”

**Aim: 100% of prescribing for Opioid Derived Analgesia will follow a safe standardised process by 1<sup>st</sup> June 2017**

### Buy-in

- Initial buy in was difficult and we have only yet achieved partial buy in from staff.
- Had a staff meeting where data collected in the first audit was discussed and the introduction of the opioid screening tool.
- Updated staff monthly on progress and opioid audit results.

## Change Ideas

- Using a standardised Opioid Screening Tool prior to issuing every script for opioid analgesia.
- Providing patients with opioid analgesia information sheets so they have improved understanding of the medication being prescribed.

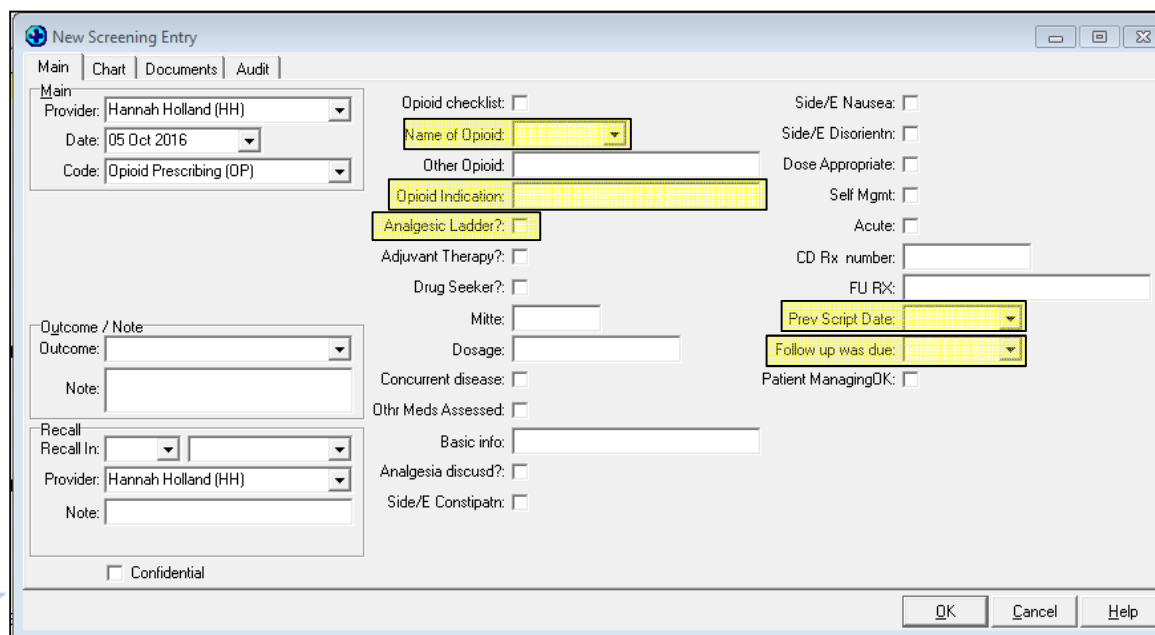
## What Changes have you tested?

Change tested	Outcome
<p>Standardised screening tool for prescribing all opioid analgesia</p> <ul style="list-style-type: none"> <li>- Tested with all Doctors, feedback encouraged.</li> </ul>	<p>Varied success as not all the doctors have been using the opioid screening tool consistently.</p> <ul style="list-style-type: none"> <li>- Overall compliance when screening tool used <b>&gt;70%</b></li> <li>- Overall compliance when screening tool <b><u>not</u></b> used <b>&lt;20%</b></li> </ul>

# Most Successful PDSA Cycles?

**Plan-** Design a standardised opioid screening tool that focuses on the areas tested in the monthly audit.

Plan



The screenshot shows a 'New Screening Entry' form with the following fields and options:

- Main:** Provider: Hannah Holland (HH), Date: 05 Oct 2016, Code: Opioid Prescribing (OP)
- Opioid checklist:**
  - Name of Opioid: [Dropdown]
  - Other Opioid: [Text]
  - Opioid Indication: [Text]
  - Analgesic Ladder?: [Checkbox]
  - Adjuvant Therapy?: [Checkbox]
  - Drug Seeker?: [Checkbox]
  - Mitte: [Text]
  - Dosage: [Text]
  - Concurrent disease: [Checkbox]
  - Othr Meds Assessed: [Checkbox]
  - Basic info: [Text]
  - Analgesia discussd?: [Checkbox]
  - Side/E Constipatr: [Checkbox]
- Side/E:** Nausea: [Checkbox], Disorientr: [Checkbox], Dose Appropriate: [Checkbox], Self Mgmt: [Checkbox], Acute: [Checkbox]
- CD Rx number:** [Text]
- FU RX:** [Text]
- Prev Script Date:** [Dropdown]
- Follow up was due:** [Dropdown]
- Patient ManagingOK:** [Checkbox]
- Outcome / Note:** [Text]
- Recall:** Recall In: [Dropdown], Provider: Hannah Holland (HH), Note: [Text]
- Confidential

# Most Successful PDSA Cycles?

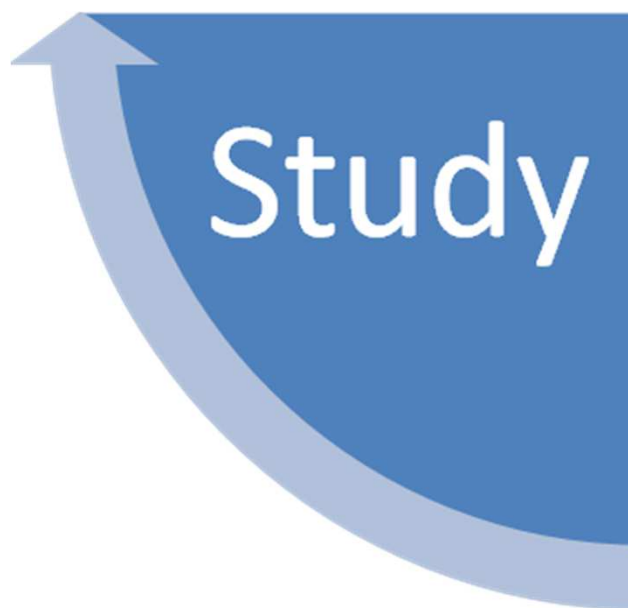
**Do-** Complete a monthly audit reviewing the results from 4 different GPs



23/09/2016	n	n	n	n/a	n	n	1/09/2016
23/09/2016	n	n	n	n	n	n	1/09/2016
23/09/2016	n	n	n	n/a	y	n	1/09/2016
23/09/2016	n	n	n	n/a	y	n	1/09/2016
23/09/2016	y	n	y	n/a	n/a	n	1/09/2016
23/09/2016	y	n	y	n/a	n/a	n	1/09/2016
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23/09/2016	n	n	n	n/a	n	n	1/09/2016
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26/09/2016	n	n	n	n/a	n	n	1/09/2016
26/09/2016	n	n	n	n/a	n	n	1/09/2016
26/09/2016	y	y	y	n/a	y	y	1/09/2016
27/09/2016	y	n	y	n/a	y	n	1/09/2016
27/09/2016	y	y	y	n/a	y	y	1/09/2016
27/09/2016	y	y	y	n/a	n/a	y	1/09/2016
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27/09/2016	y	y	y	n/a	n/a	y	1/09/2016
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27/09/2016	y	y	y	n/a	n/a	y	1/09/2016
27/09/2016	y	y	y	n/a	y	y	1/09/2016
27/09/2016	y	y	y	n/a	n/a	y	1/09/2016
27/09/2016	y	n	y	n/a	y	n	1/09/2016

## Most Successful PDSA Cycles?

**Study-** Review the results and see where the tool is being used effectively and where it is not being utilised.

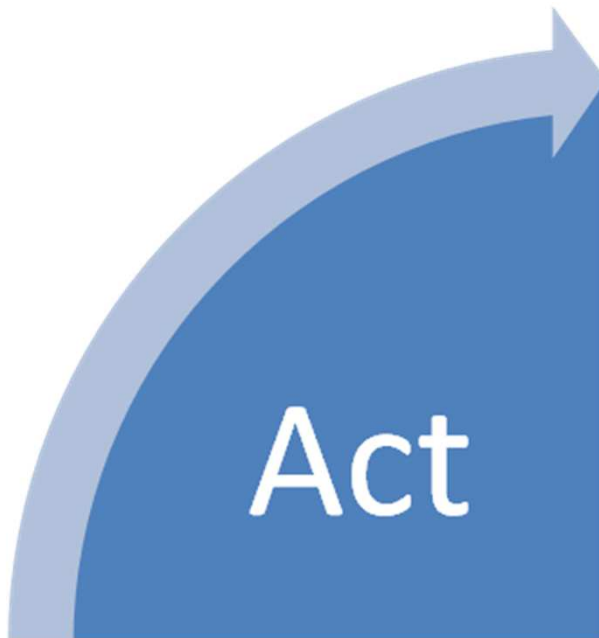


- When issuing prescriptions of opioid analgesia the screening tool had been used **19%** of the time.
- Compliance was **83%** when the screening tool was used.
- Compliance was **24%** when the screening tool was not used.



# Most Successful PDSA Cycles?

**Act-** Continue to liaise with staff to gain feedback to improve the opioid screening tool.



**New Screening Entry**

Main | Chart | Documents | Audit

Main

Provider: Hannah Holland (HH) | Name of Opioid: | Self Mgmt:

Date: 20 Oct 2016 | Other Opioid: | CD Rx number: |

Code: Opioid Prescribing (OP) | Opioid Indication: | FU RX: |

Analgesic Ladder?: | Follow up was due: | Patient ManagingOK:

Adjuvant Therapy?: | Drug Seeker?: |

Concurrent disease: | Other Meds Assessed: |

Additional info: |

Break through pain:

Side/E Constipatr:

Side/E Nausea:

Side/E Disorientn:

Dose Appropriate:

Outcome / Note

Outcome: | Note: |

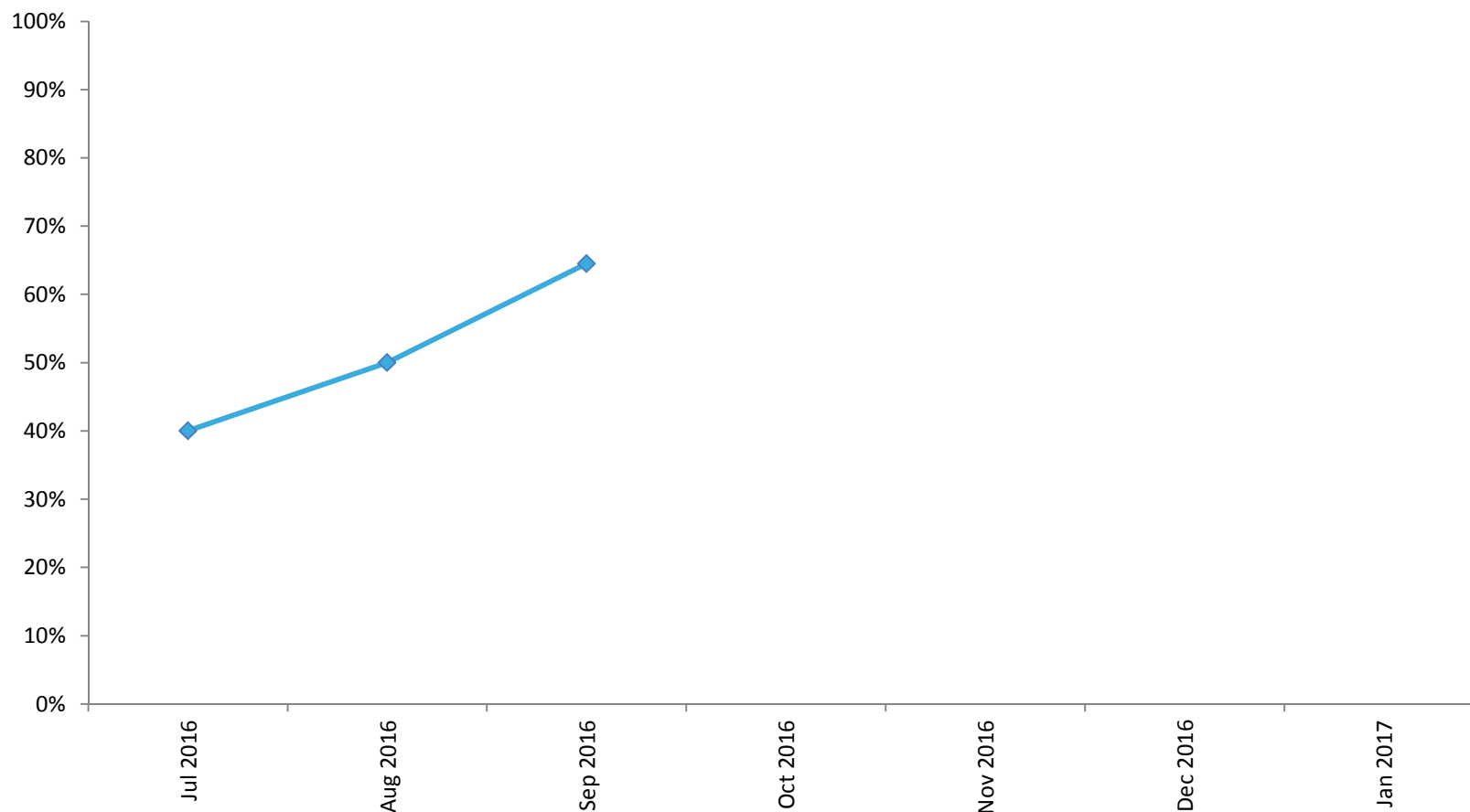
Recall

Recall In: | Provider: Hannah Holland (HH) | Note: |

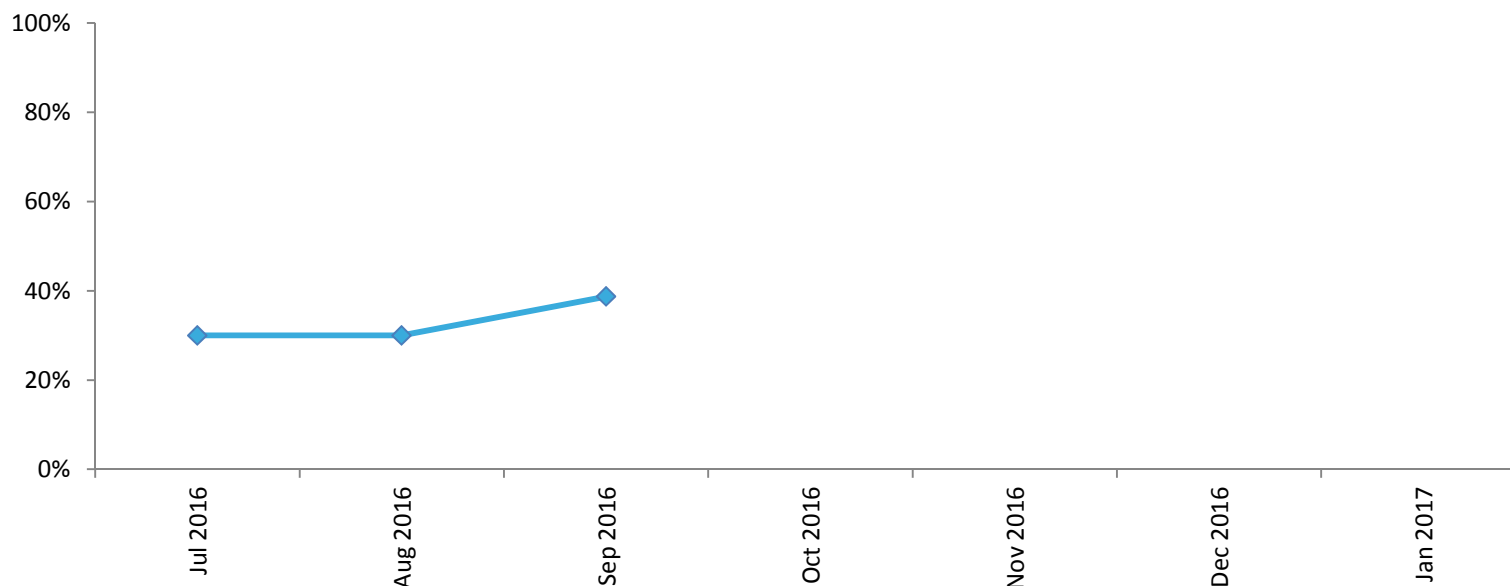
Confidential

OK Cancel Help

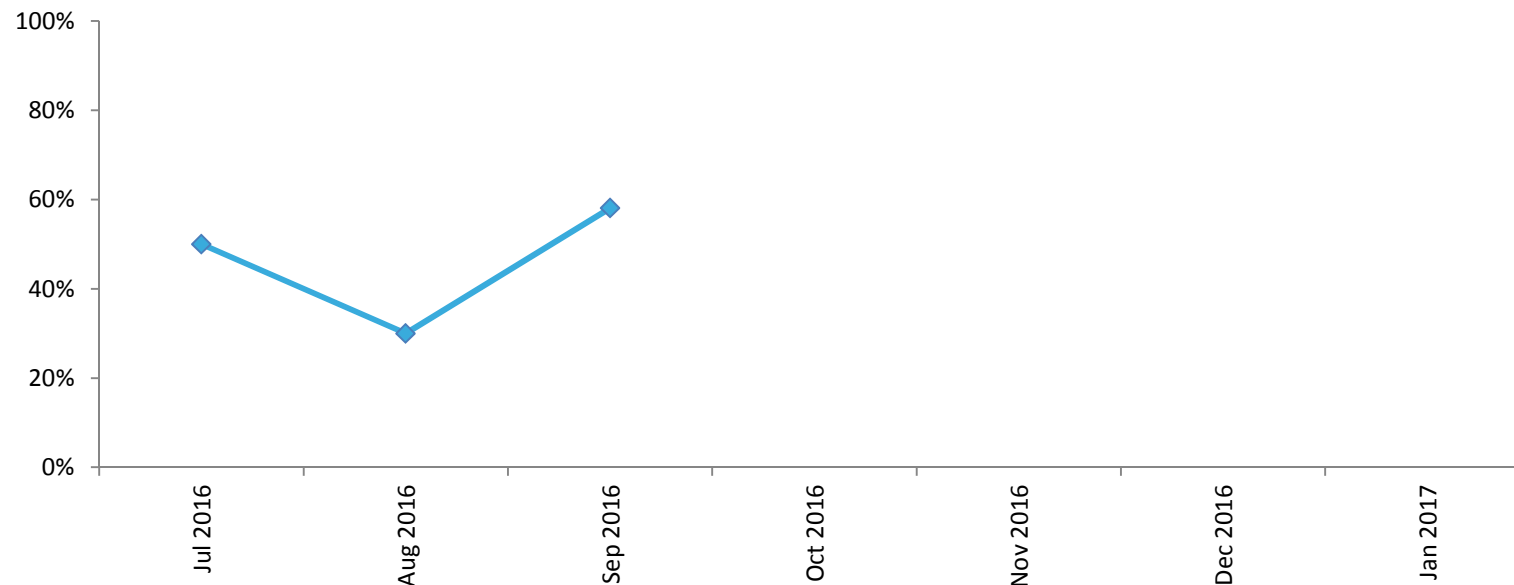
# Is there a clear indication within the clinical record for a moderate to strong opioid derived analgesic to be used/initiated?



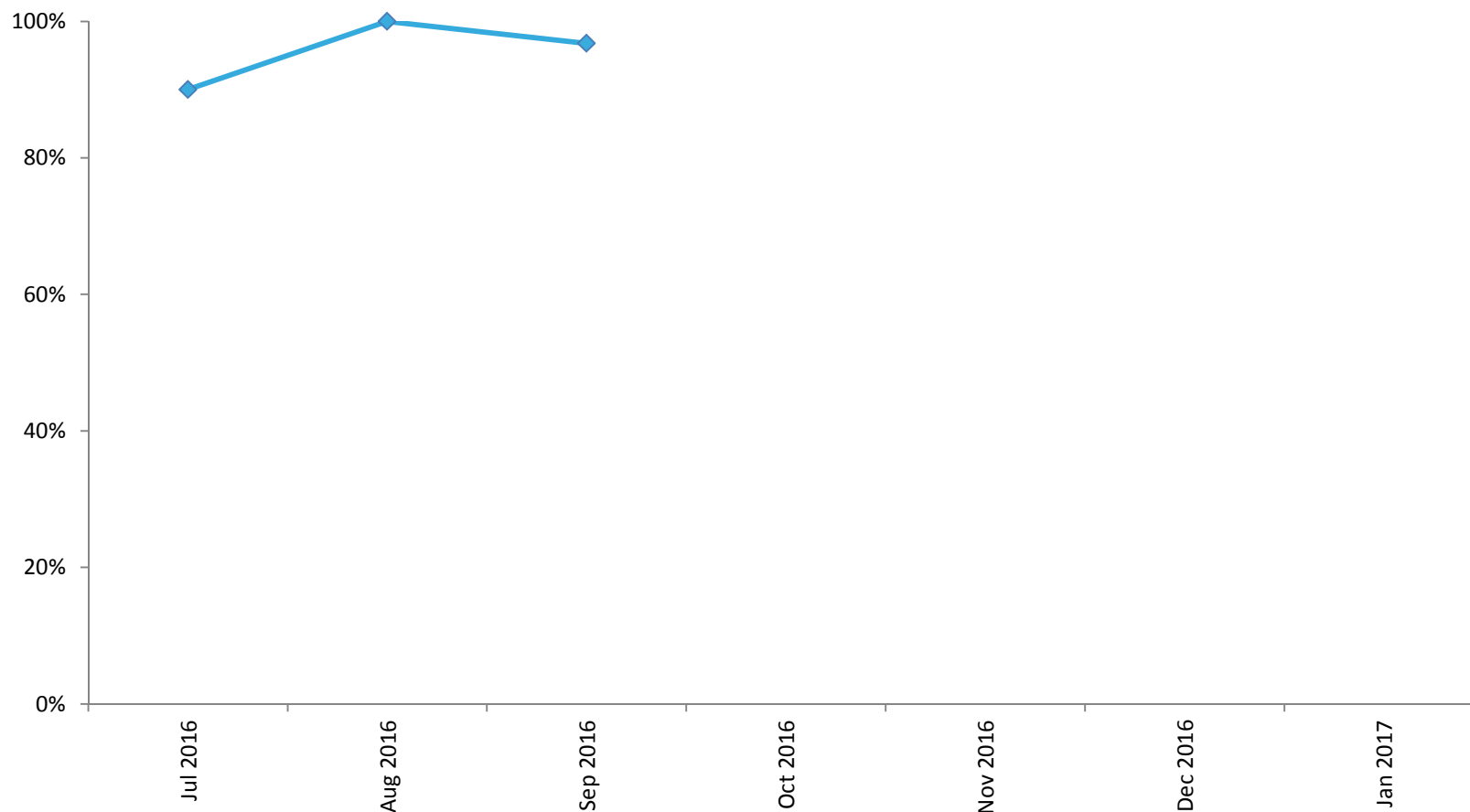
# Is there evidence that the analgesic ladder has been used prior to the patient being prescribed a moderate to strong opioid derived analgesic?



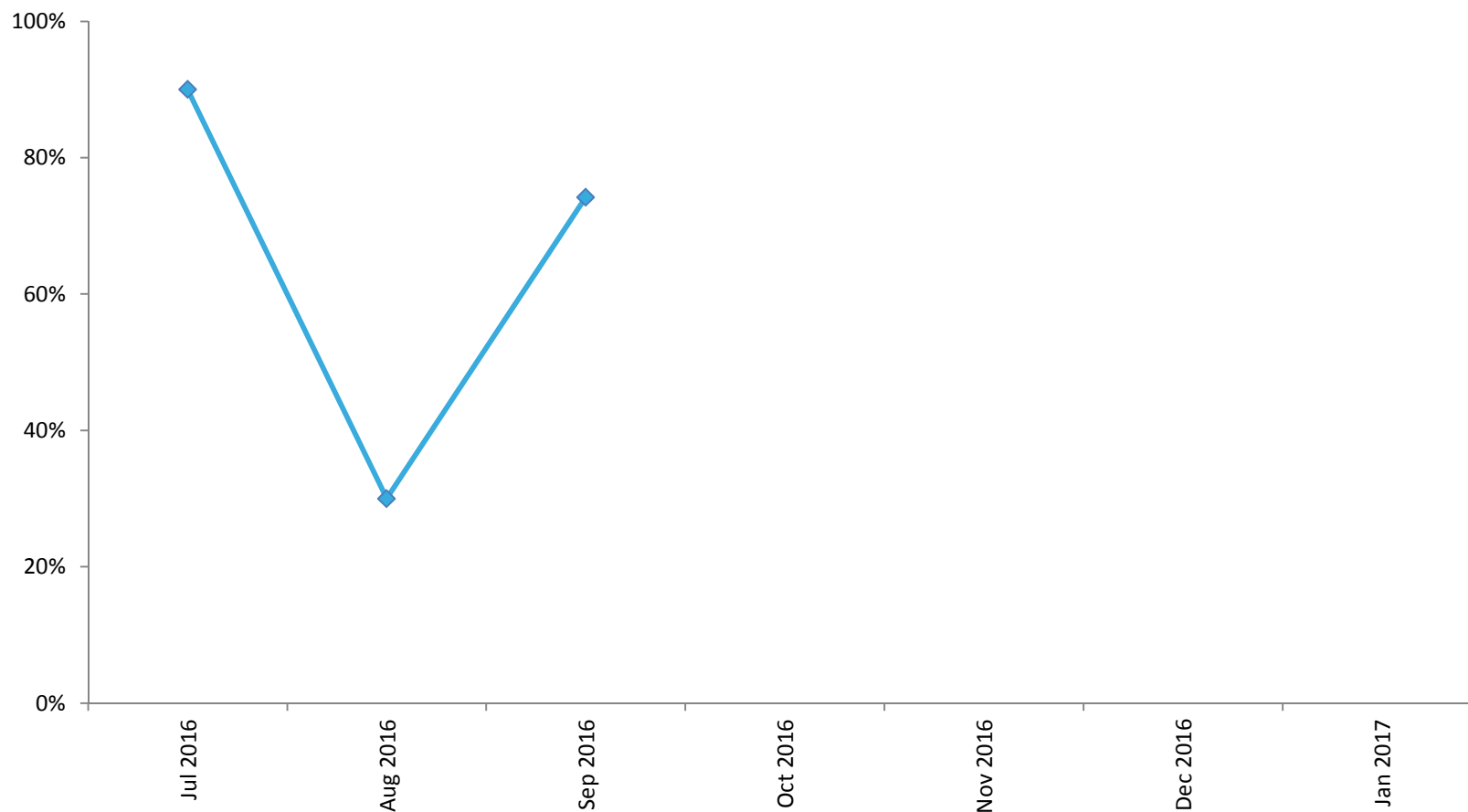
## Is there a clear management plan?



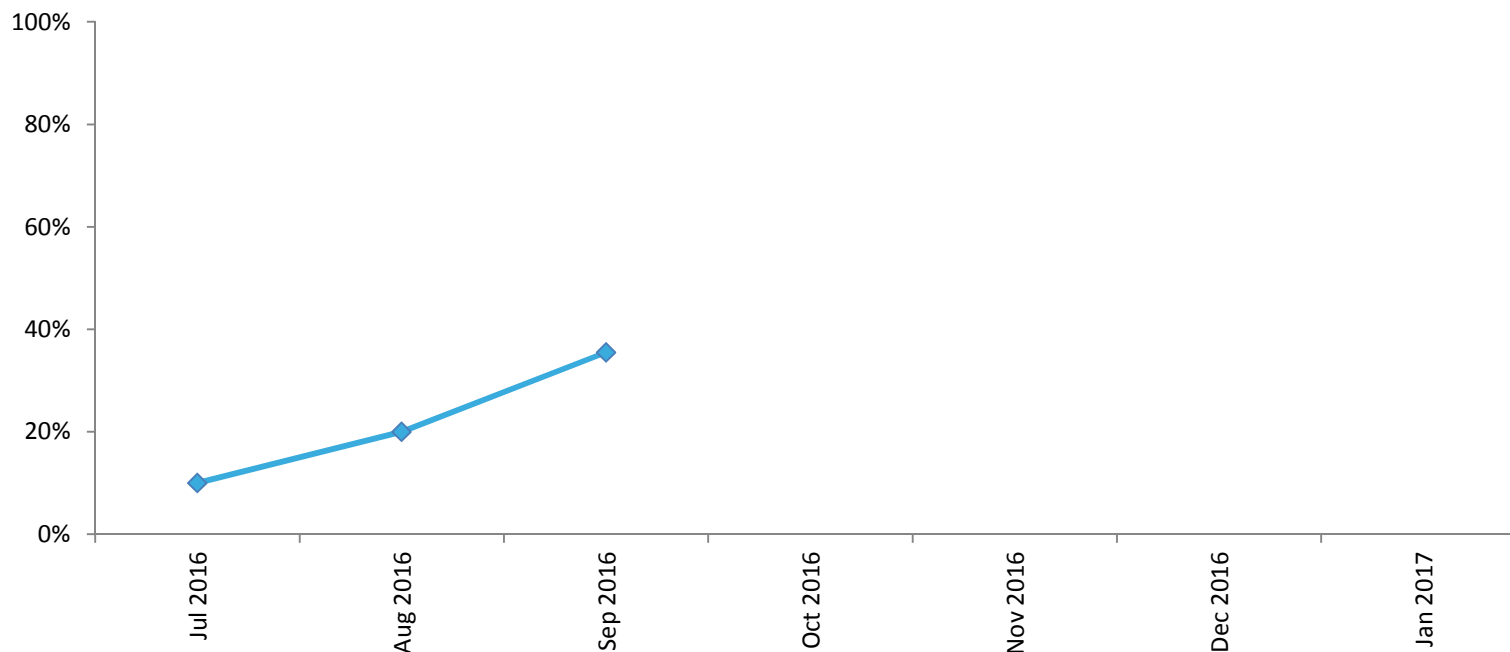
If a repeat prescription has been ordered earlier than expected, is there evidence of discussion with the patient?



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



# Opioid Prescribing Overall Compliance



## Highlights and Lowlights

- Has identified how we are prescribing opioids and highlighted areas where policy is not being correctly followed.
- Difficulty engaging staff in the programme and any changes that are being made as a result of our involvement.



## Achievements to date

Do you have an

- agreed aim- yes
- a change package- yes
- measurement plan- yes

Do people on your team know what their responsibilities are and what is expected of them? Yes but some staff are still reluctant.

What has changed and what difference have the changes made? Not much has changed yet.

## Any other achievements?

- During the auditing process we identified one staff member who was not following policy when writing prescriptions for controlled opioid medication.
- We also looked at how we were processing email and phone requests for repeat scripts not just for opioid analgesia.