



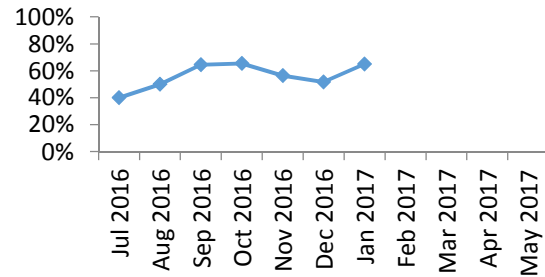
Pukekohe South Doctors

PHO and Facilitator: Philippa Little, Alliance Health +

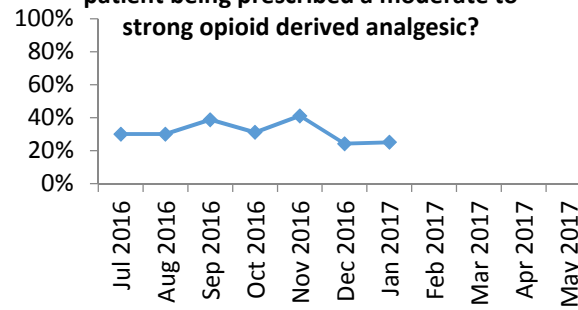
Team members: Hannah Holland RN, Gaylene Quinn, Dr Yoga Sinnathamby

Measures summary

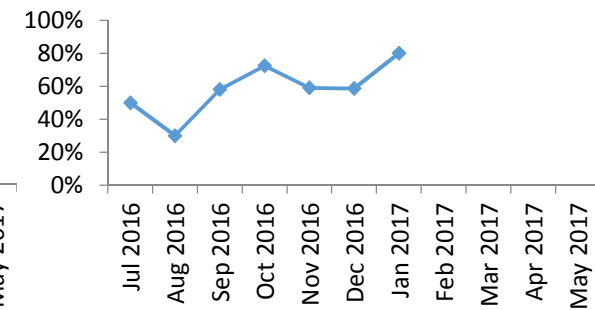
Is there a clear indication within the clinical record for a moderate to strong opioid derived analgesic to be used/initiated?



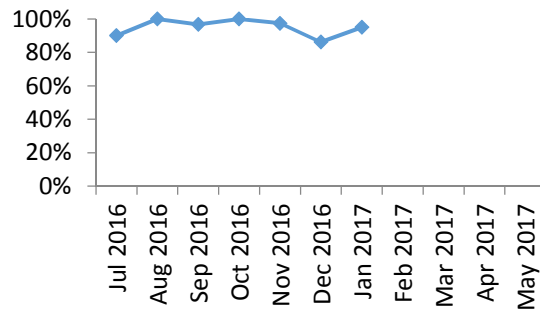
Is there evidence that the analgesic ladder has been used prior to the patient being prescribed a moderate to strong opioid derived analgesic?



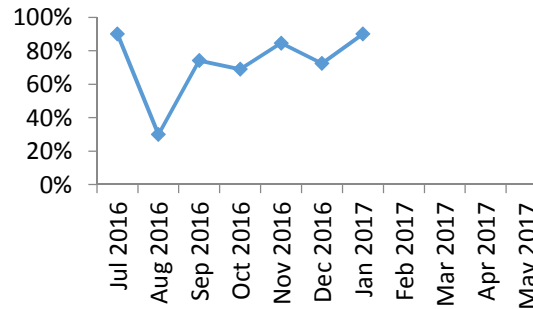
Is there a clear management plan?



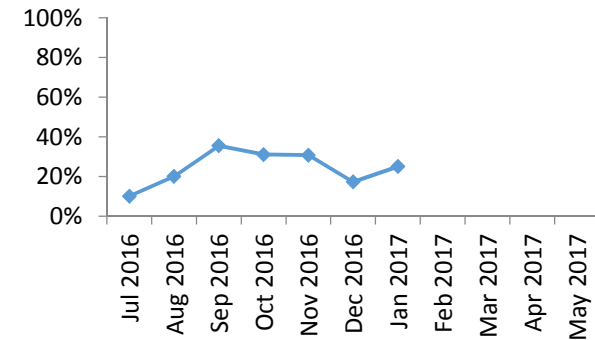
If a repeat prescription has been ordered earlier than expected, is there evidence of discussion with the patient?



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



Opioid Prescribing Overall Compliance



Key ideas tested?

Change tested	Outcome
<p>Quick key for prescribing all opioid analgesia Opioid analgesia prescribed for (indication for rx). Analgesia pain ladder considered/discussed with patient. Patient advised of possible side effects (with information sheet given). Management plan discussed and (any referrals etc).</p> <p>- Tested with Doctors, feedback encouraged.</p>	<p>The quick key for prescribing all opioid analgesia has not been used regularly by any of the prescribing doctors despite this being an idea put forward by a doctor as an alternative to the screening tool.</p>

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.

Trigger Tool

For our trigger tool we selected 25 patients who were >75 years and prescribed >7 medications.

Only one harm was identified using the trigger tool, where the patient had requested a script over the phone and the prescription given to her had incorrect medications on it. This mistake was identified and corrected by the pharmacy and the clinic notified.

Following this we took the action of reminding prescribing staff to ensure that scripts provided had the correct medications on them.

Safety Climate Survey

- All 13 staff members completed the survey (5 doctors, 4 nurses, 4 receptionists.)
- Due to scheduling problems we were unable to hold a practice wide meeting so we had 2 smaller group meetings where the survey results was discussed.
- Our strong points were feeling able to communicate openly with all staff, adequate staffing and being considerate of staff.
- Areas for improvement were being more open to constructive feedback, having regular staff meetings and working better as a team by being more understanding of others.