National Patient Safety Improvement Programmes

NHS

Medicines

UCLPartners Opioids Programme

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UCLPartners

Patient Safety Collaborative

Health Innovation Network

Led by:

NHS England
NHS Improvement

MS Teams Housekeeping

Cameras

Mute

Questions

Chatbox

Keeping to time

The session will be recorded

Agenda

Time	Item	Lead
12.00	Welcome and introductions	Jess Catone
12:05	Overview of MedSIP	Jess Catone
12:10	Background of discharge letter audits	Amandeep Setra
12:20	QI methodology	Jess Catone
12:45	Discussion: applying QI methodology to discharge letter improvements	Jess Catone
13:00	Example from Newham MSK collaboration community pain clinic	Irun Nandra
13:20	Questions and next steps	Jess Catone
13.30	Close	Jess Catone

National Medicines Safety Improvement Programme (MedSIP)

- Aim: reduce prescribing of high dose opioids (> 120mg oral morphine) in non-cancer pain by 50% by March 2024

- Chronic non-cancer pain management requires personalised care and shared decision-making, using a mixture of biopsychosocial support so patients can live well with pain.

- NHSE estimate that **1 life can be saved for every 62 patients** with chronic pain who could manage their pain without opioids

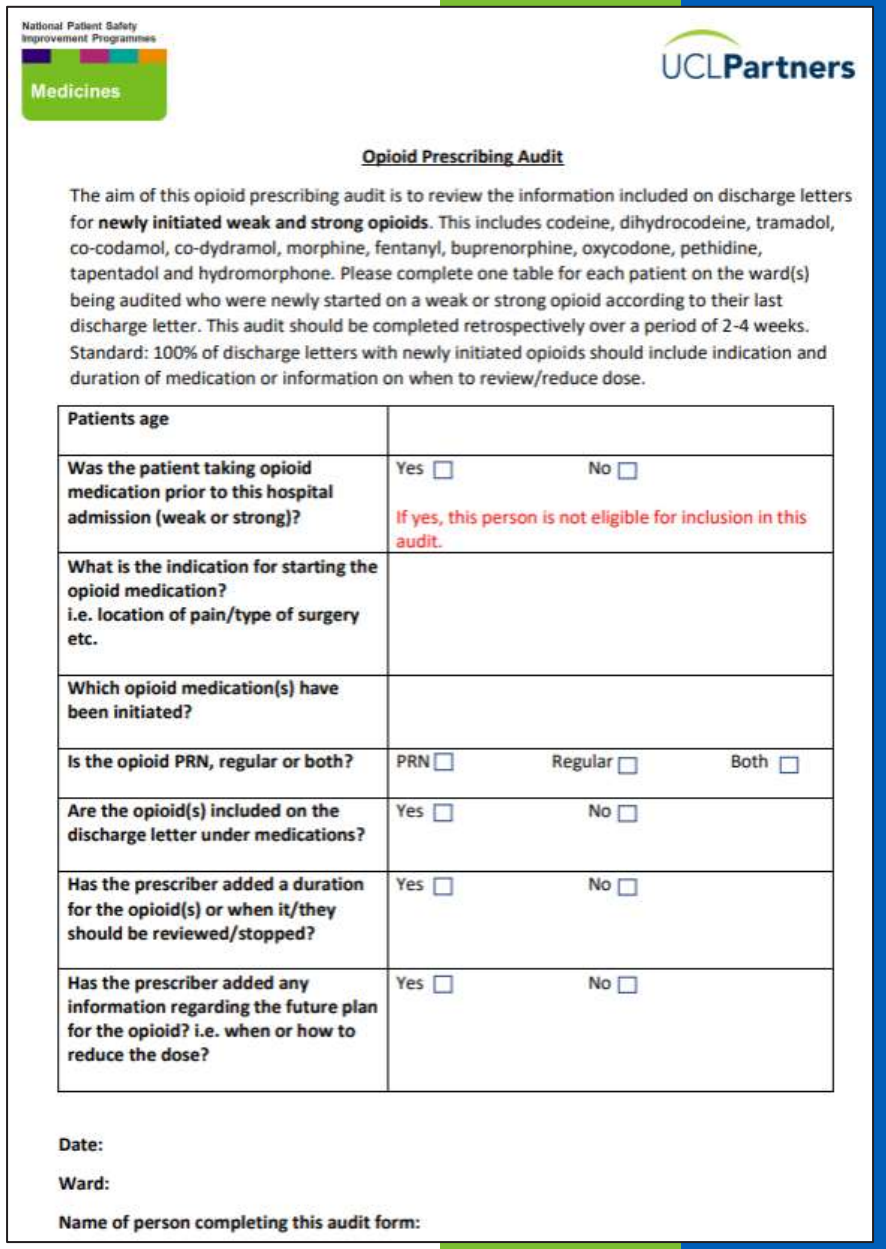
    - ~ 6000 people a year will be hospitalised with adverse events whilst taking opioids for extended periods

National Medicines Safety Improvement Programme (MedSIP)

- NCL / NEL joint core working group
  - Meetings every 6-8 weeks
- Set up UCLPartners Opioids Network
  - Every 3 months
  - Completed 4 Network meetings
- Primary care clinicians survey
  - 169 responses over 2 weeks
- Group Education Sessions

Discharge Letter Audit Background

- Aim is to improve communication between secondary care and primary care when patients are put on a new opioid
- ‘Turning off the tap’ on new instances of patients being on long-term opioids
- Questions:
  - Indication for opioid
  - Which medication
  - PRN / regular / both
  - Opioid included in discharge letter under meds
  - Duration for opioid / review/stop date
  - Future plan for opioid (e.g., when/how to reduce)



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Opioid Prescribing Audit

The aim of this opioid prescribing audit is to review the information included on discharge letters for **newly initiated weak and strong opioids**. This includes codeine, dihydrocodeine, tramadol, co-codamol, co-dydramol, morphine, fentanyl, buprenorphine, oxycodone, pethidine, tapentadol and hydromorphone. Please complete one table for each patient on the ward(s) being audited who were newly started on a weak or strong opioid according to their last discharge letter. This audit should be completed retrospectively over a period of 2-4 weeks. Standard: 100% of discharge letters with newly initiated opioids should include indication and duration of medication or information on when to review/reduce dose.

Patients age	
Was the patient taking opioid medication prior to this hospital admission (weak or strong)?	Yes ☐ No ☐ If yes, this person is not eligible for inclusion in this audit.
What is the indication for starting the opioid medication? i.e. location of pain/type of surgery etc.	
Which opioid medication(s) have been initiated?	
Is the opioid PRN, regular or both?	PRN ☐ Regular ☐ Both ☐
Are the opioid(s) included on the discharge letter under medications?	Yes ☐ No ☐
Has the prescriber added a duration for the opioid(s) or when it/they should be reviewed/stopped?	Yes ☐ No ☐
Has the prescriber added any information regarding the future plan for the opioid? i.e. when or how to reduce the dose?	Yes ☐ No ☐

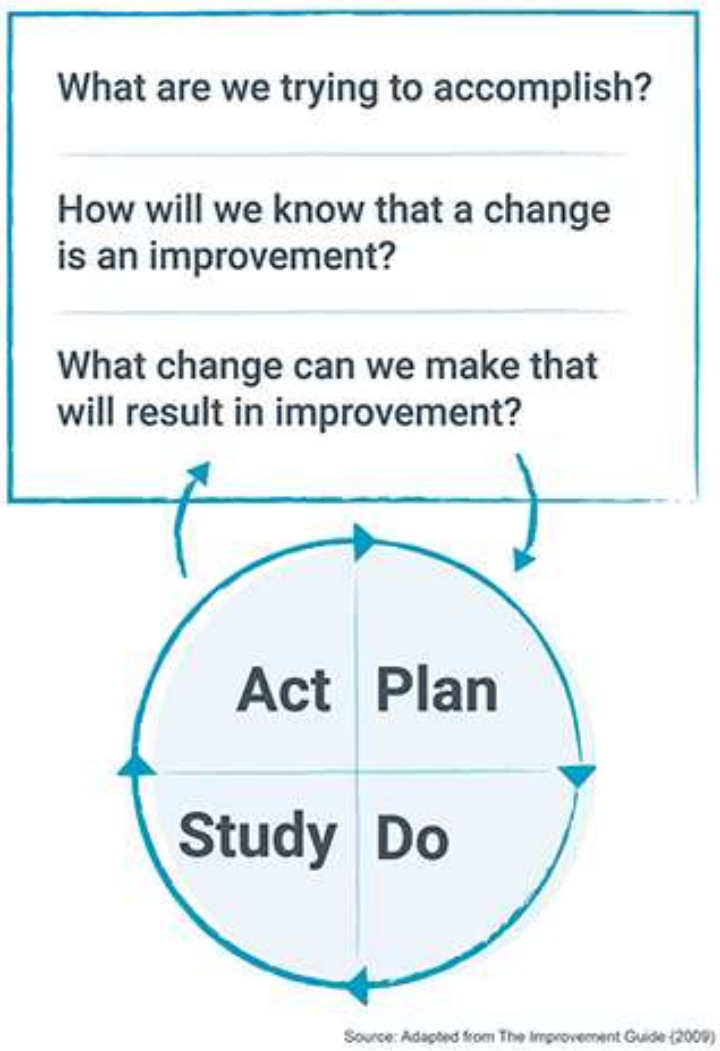
Date:

Ward:

Name of person completing this audit form:

QI Methodology

- UCLP Quality Improvement online course
- IHI Model for Improvement



QI Methodology: What are we trying to accomplish?

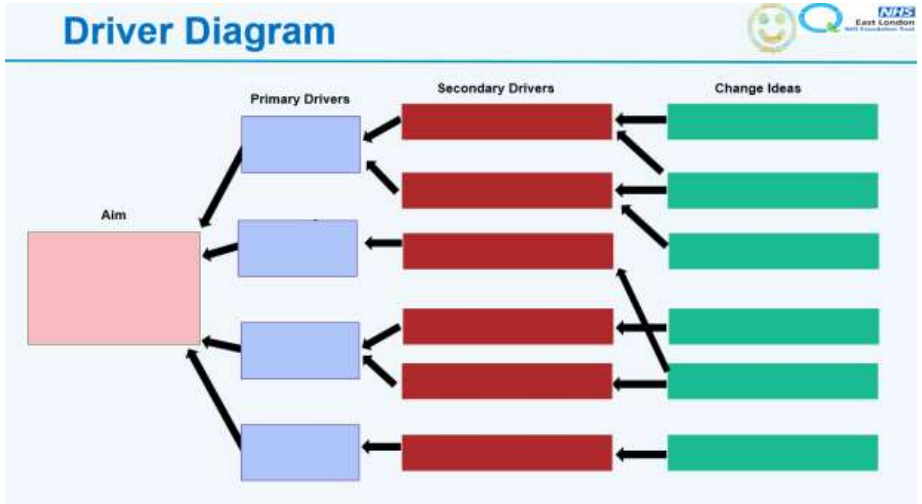
- Forming the right team
- Identifying stakeholders
- Partnering with patients / carers / public

QI Methodology: What are we trying to accomplish?

- Setting aims

S	pecific	Who, what, where, when
M	easureable	Numeric goals, by how much?
A	ttainable	Within your influence
R	elevant	To stakeholders and organisation
T	imely	By when, give a precise date

- Driver diagrams



- Process mapping

QI Methodology: What are we trying to accomplish?

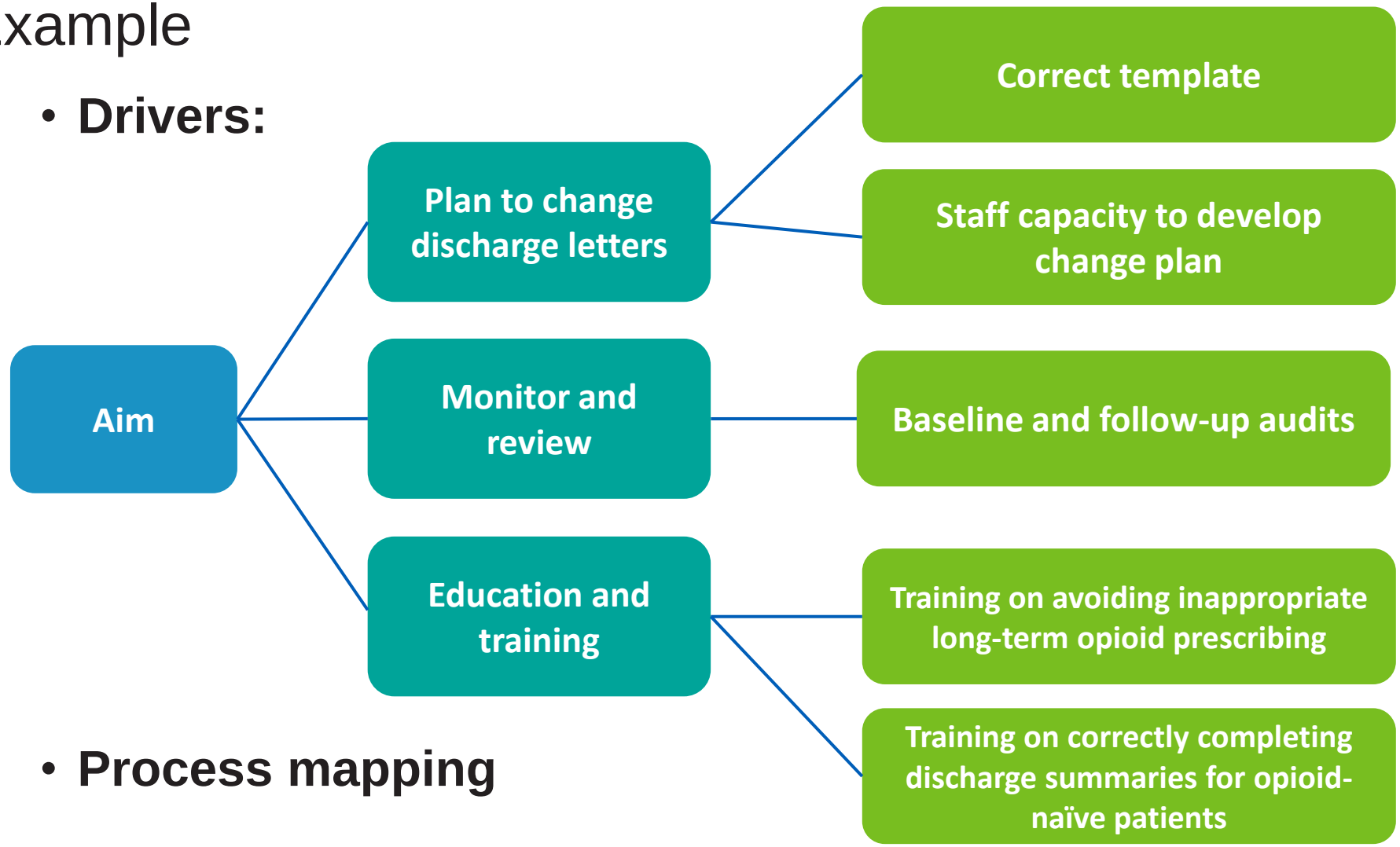
Example

- **Shared purpose:** Reduce the number of new patients on long-term opioids for chronic pain through improved communication between secondary care and primary care
- **Aim:** 100% of discharge letters list the prescribed opioid, include an indication and a stop/review date for all patients started on a new opioid by April 2024.
- **Team:** Pharmacists and doctors (primary and secondary care), discharge service team, hospital administrators, patients/experts by experience

QI Methodology: What are we trying to accomplish?

Example

- **Drivers:**



- **Process mapping**

QI Methodology: What changes can we make that will result in improvement?

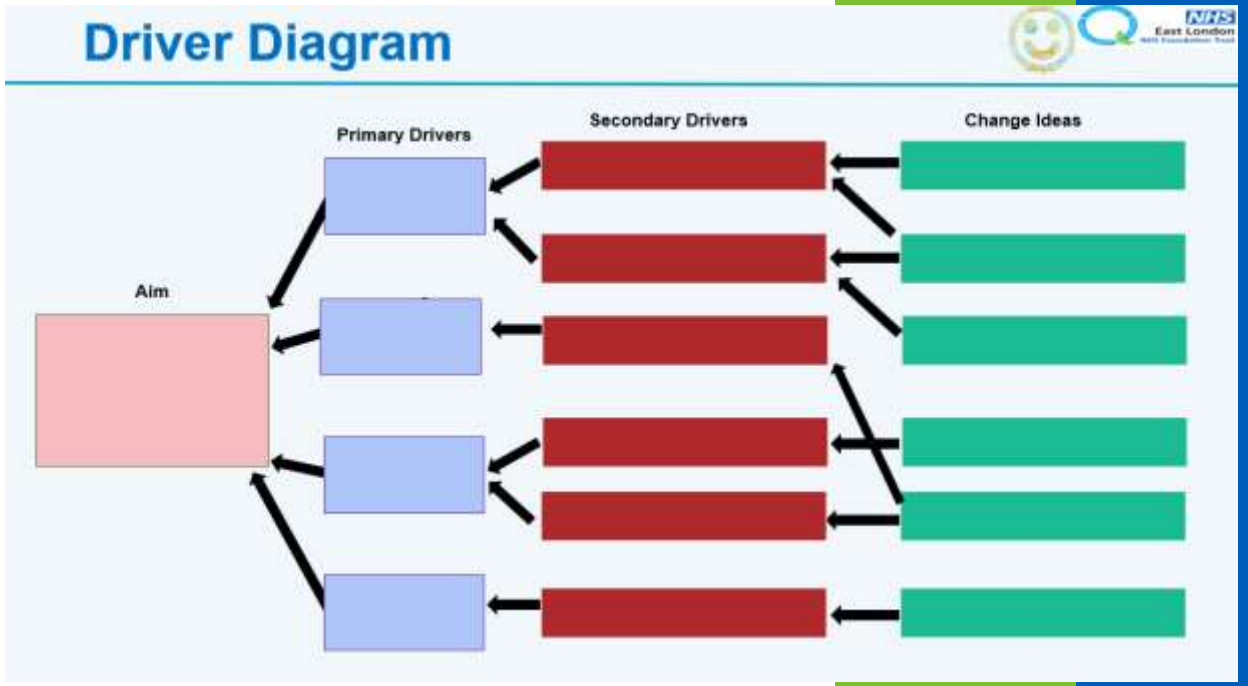
Change ideas

- Something specific enough to test and implement in any given situation. They are an actual change to the current process.

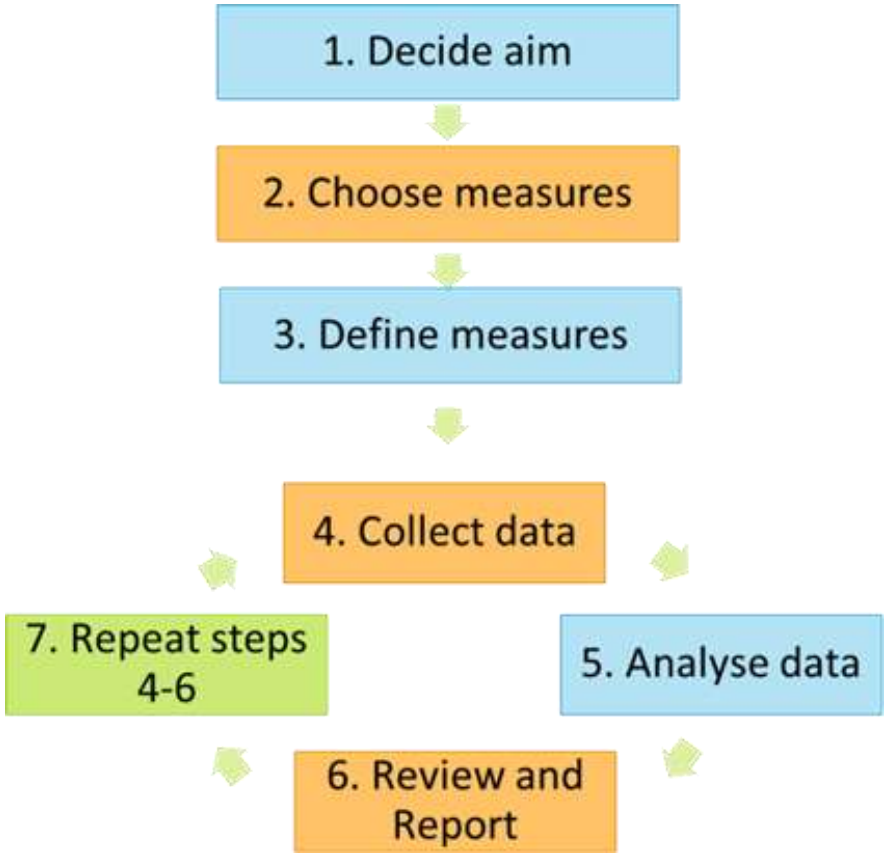
- Properties of a useful change idea:

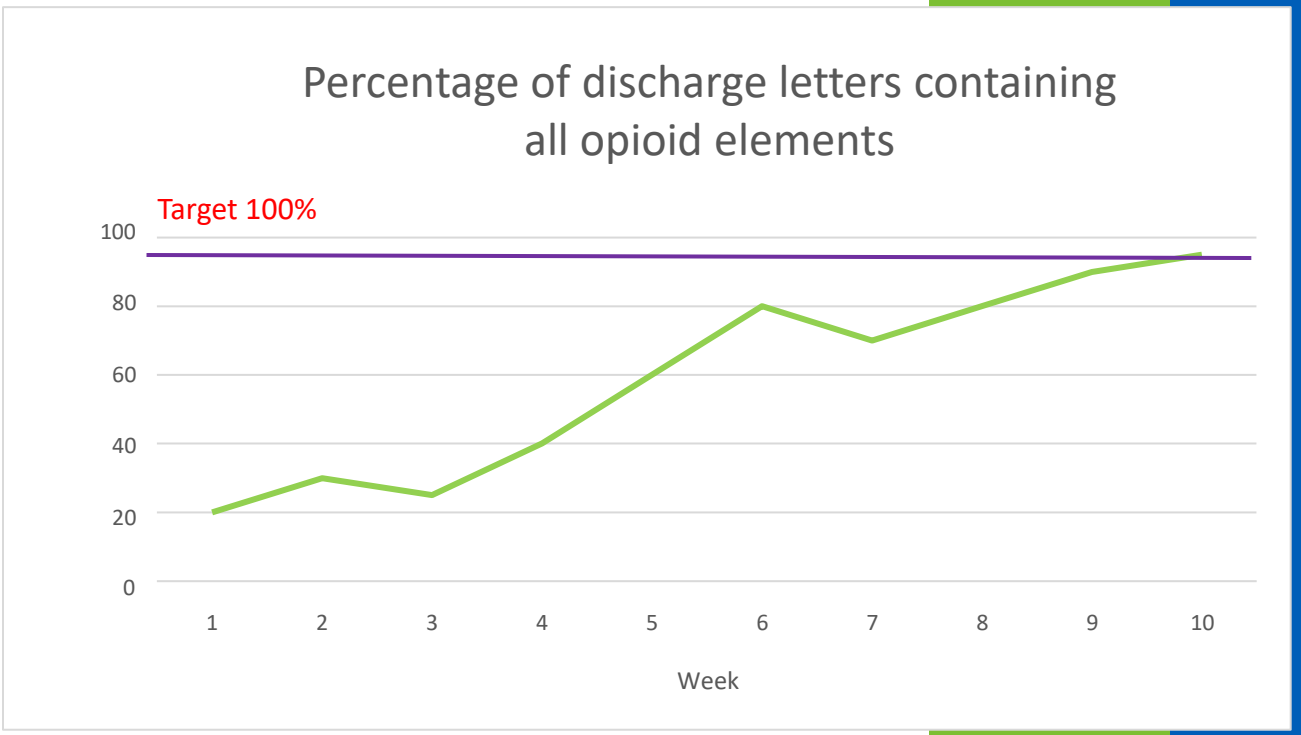
    - Specific: can you describe what will happen when the data is used? Can you describe who, what, when, where, why, and how the idea will be put into practice?

    - Actionable/Feasible: Can you envision using the idea with current technology, resources and authority?



QI Methodology: How will we know a change is an improvement?

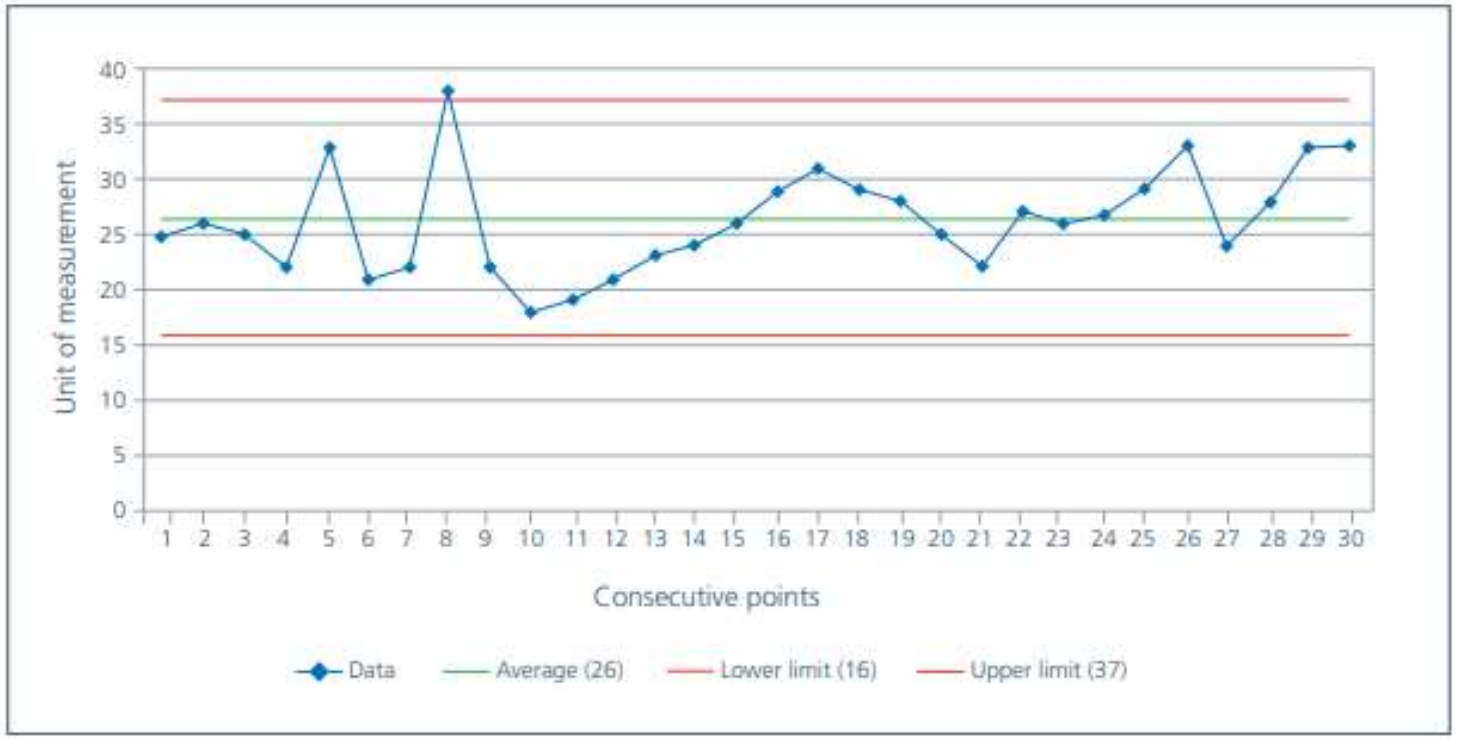




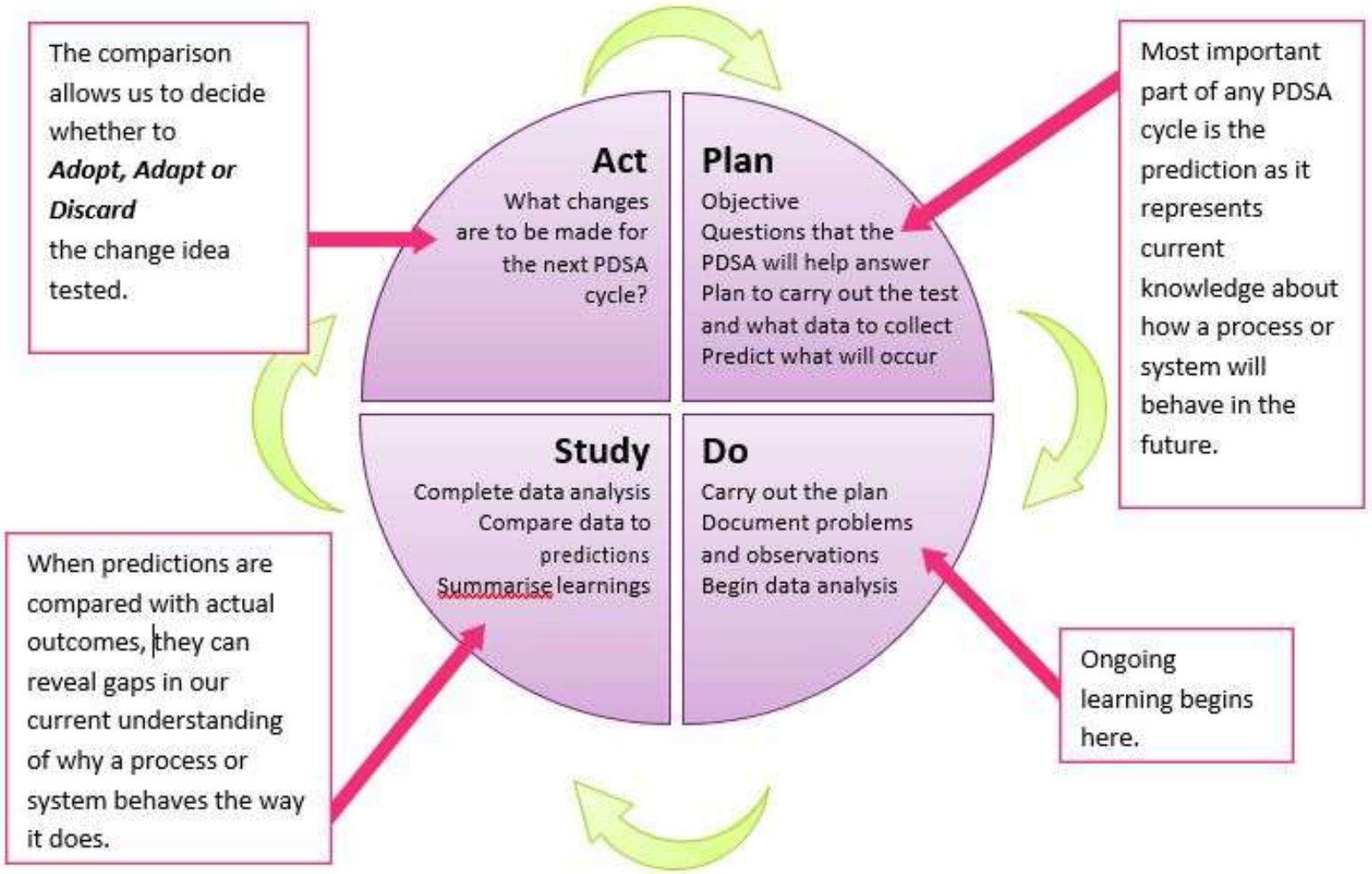
QI Methodology: How will we know a change is an improvement?

Statistical Process Control (SPC) chart

- Average (usually mean), upper and lower limits
- 4 Rules
- [NHSE&I QSIR tools - SPC]



QI Methodology: Plan, Do, Study, Act (PDSA) Cycles



QI Methodology: Plan, Do, Study, Act (PDSA) Cycles

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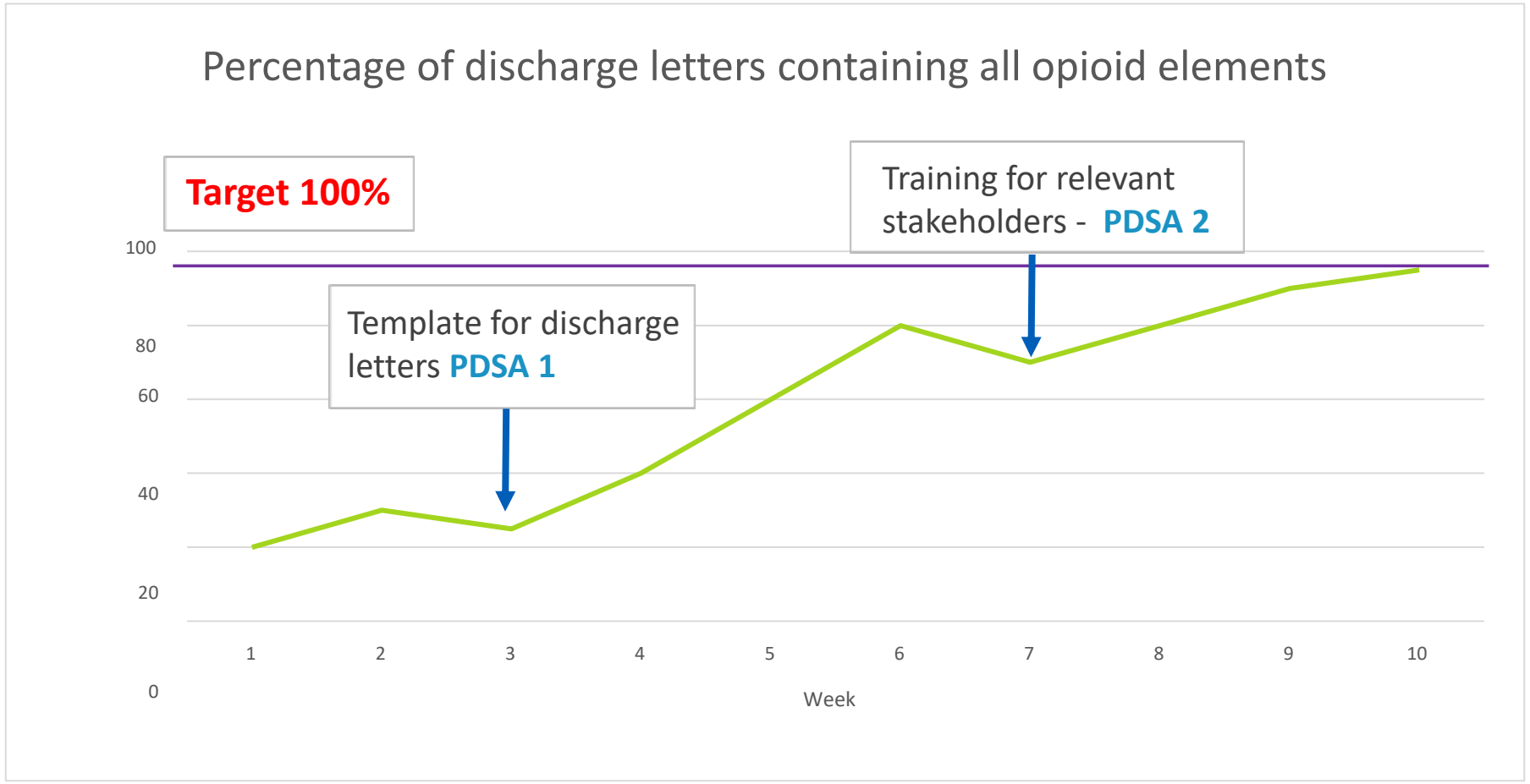
Aim: 100% of discharge letters list the prescribed opioid, include an indication and a stop/review date for all patients started on a new opioid by April 2024.

	PLAN	DO	STUDY	ACT
PDSA 1	Would a discharge letter template which includes all the elements relevant to opioids improve completeness? How will you measure change, acceptability?	Co-develop the template with stakeholders Train stakeholders on the reason for change and on completing the template	Run baseline audit, rerun audit to check DL completeness Survey staff to check for ease of use, acceptability	Template works → spread to other hospitals? Template doesn't work → why? Change or scrap?
PDSA 2	Do the stakeholders writing the discharge letters understand the impact of including the elements relevant to opioids? Would they benefit from training?	Co-develop a training session/programme with stakeholders Conduct training	Training attendance Survey staff to measure changes in knowledge, attitude Run baseline audit, rerun audit to check DL completeness	Training works → spread to other hospitals? Training doesn't work → why? Change or scrap?

QI Methodology: Plan, Do, Study, Act (PDSA) Cycles

Aim: 100% of discharge letters list the prescribed opioid, include an indication and a stop/review date for all patients started on a new opioid by April 2024.



Next Steps

- Further reading / training
  - UCLP Quality Improvement online course
  - IHI Model for Improvement
  - Learning and Improving Across Systems Peer Learning Programme
- Run / re-run audit
- Ask questions
- Share results and learning

Thank you

Special thanks to Amandeep Setra and Nikki Glover

For more information please contact:

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