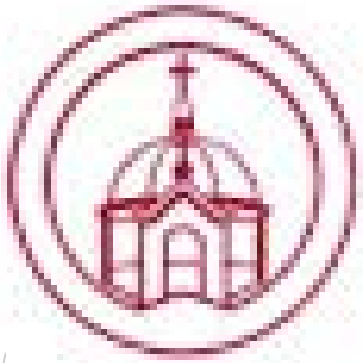


Opioid Stewardship

Katie Root-Clarke NP,
Christopher Haley MD

Aims

- Guidelines have been developed to assist prescribers for safe and effective use of opioids.
- There is a growing concern around use of opioids for chronic non cancer pain and their risks.
- If opioids are being used in the chronic non cancer patients then we need to ensure we are following guidelines to the best of our ability with patient safety at the forefront for decision making.

The case for change

- During COVID, a number of patients have required scripts for narcotics
- Cross coverage means that prescribing has highlighted variation in practises
- A common theme is poor patient compliance with renewals
- Guidelines exist around prescription of opioids; we want to ensure we are meeting these guidelines

Aim Statement & Outcome Measure

- We want to compare our opioid prescribing practises against known guidelines from Health Quality Ontario

  - Number of charts compliant with the guidelines
  - Number with opioid contracts
  - Number with in date (12 month) opioid contracts
  - Number with opioids Greater than 90mg Morphine equivalents

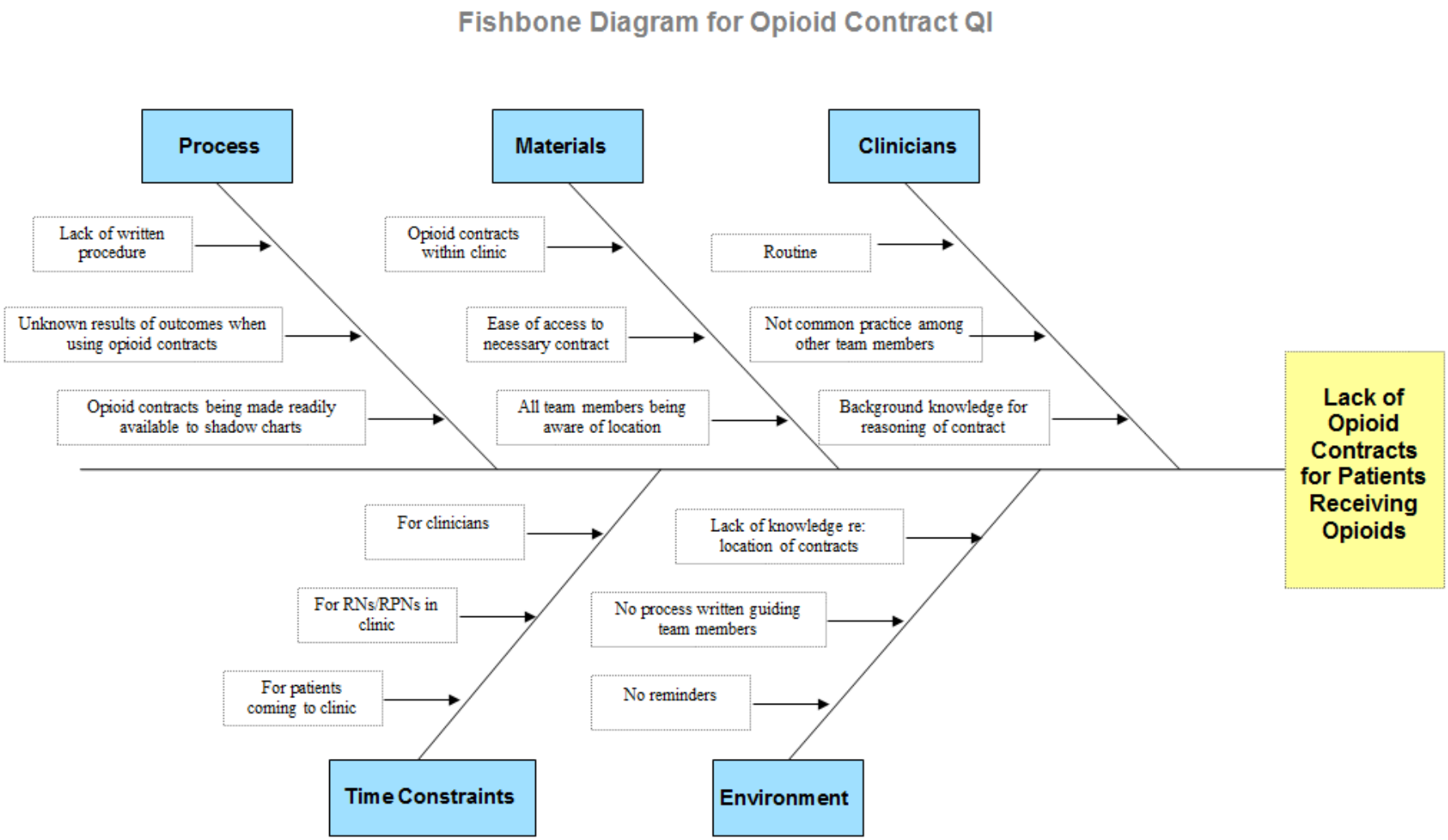
Results

Charts reviewed- 100 within 2-week period

23 Opioid prescriptions

- Number of charts compliant with the guidelines- 0
- Number with opioid contracts- 1
- Number within date (12 month) opioid contracts- 0
- Number with opioids Greater than 90mg Morphine equivalents – 2
- Number with opioids greater than 50mg Morphine equivalents - 6

Results


Fishbone Diagram for Opioid Contract QI
Process
Materials
Clinicians
Lack of written procedure
Unknown results of outcomes when using opioid contracts
Opioid contracts being made readily available to shadow charts
Opioid contracts within clinic
Ease of access to necessary contract
All team members being aware of location
Routine
Not common practice among other team members
Background knowledge for reasoning of contract
Lack of Opioid Contracts for Patients Receiving Opioids
For clinicians
For RNs/RPNs in clinic
For patients coming to clinic
Lack of knowledge re: location of contracts
No process written guiding team members
No reminders
Time Constraints
Environment

Results

Driver Diagram for Opioid Contract QI

AIM	Primary Drivers	Secondary Drivers	Change Ideas
100% of patient's at the Chronic Pain Clinic who are being provided with Opioid Prescriptions will have an opioid contract by January 1, 2021	Meet Current Recommendations for Clinician prescribing opioids for patients	Review Current recommendations for opioid contracts	Make available in clinic
		Review current contract being used in CPC	Email out to all prescribers
		Ensure Contracts are readily available to all prescribers	Ensure location is known
		Train RNs/RPNs to check shadow chart for opioid contracts	Do this with new hires and remind current employees
		Clinicians check for contract when filling in opioid renewals	Remind clinicians
	Reduce potential for Opioid Errors and Abuse/Increase compliance and understanding around expectations	Review contracts/expectations with clients	Do this at every appointment and with all renewals
		Review MeQ recommendations prior to scripts/renewals	Do this at every appointment and with all renewals
		Have an exit strategy for all individuals receiving opioids – discuss with patient	Make exit strategy part of clinician plan when implementing opioids
	Increase communication around questions pertaining to opioids	Discuss contract in detail with patient and offer opportunities to ask questions	Do this with every contract
		Review reasoning for contract and evidence behind it	Offer opportunities for review of evidence
	Review individuals on long term use of opioids and make a plan moving forward re: prescriptions (continue? Wean? Etc.)	Identify those patients who have been receiving opioids long term	Once identified, review pain status and doses
		If patient is stable at current dose discuss with PCP taking over the prescription	Communicate this plan with PCP
		If no change to function or pain, consider wean	Discuss evidence for wean with patient
		Consider hyperalgesia	Discuss with patient

Results

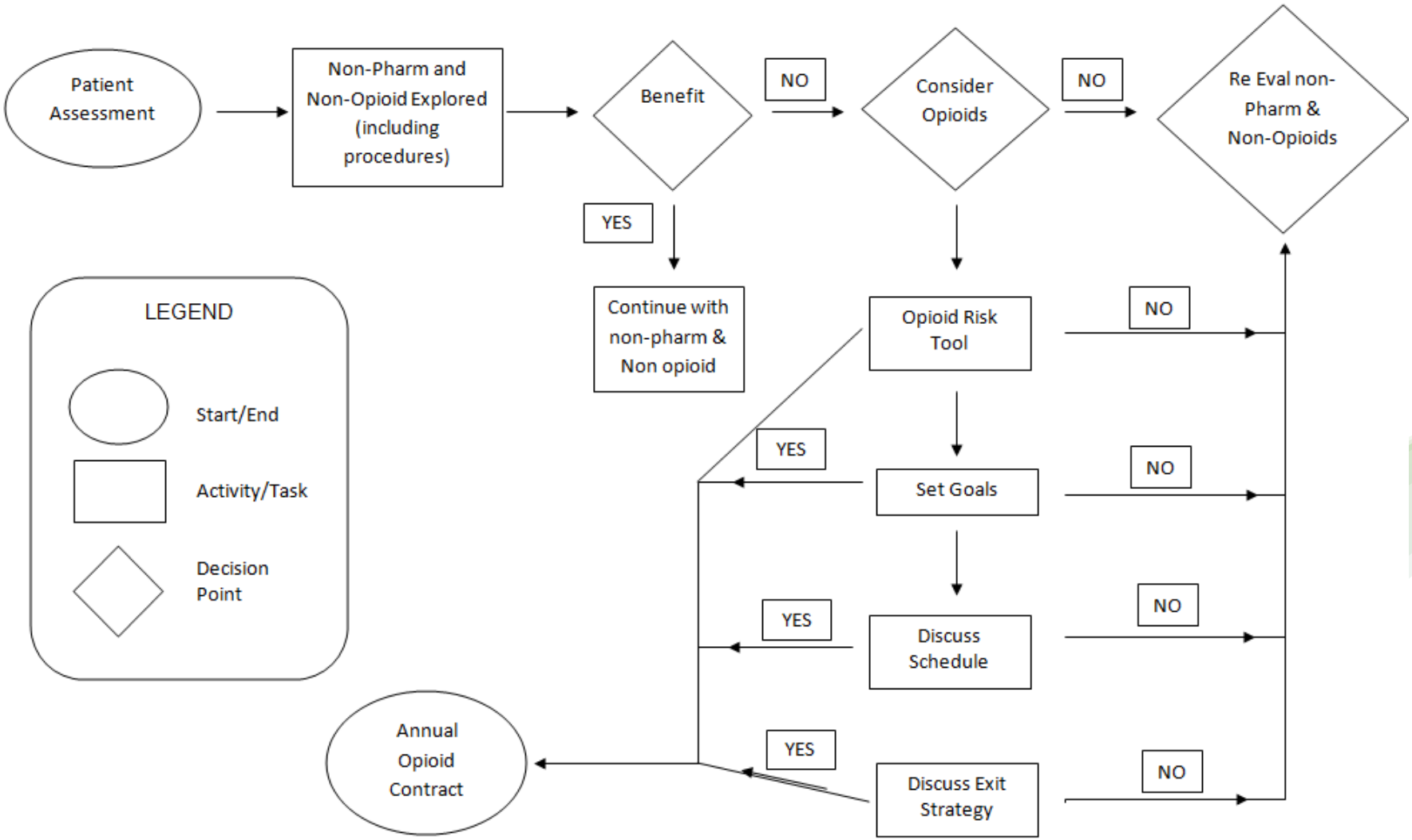
Failure Modes and Effects Analysis (FMEA) – Opioid Contracts

Steps in the Process	Failure Mode *(What could go wrong?)*	Failure Causes *(Why would the failure happen?)*	Failure Effects *(What would be the consequences of the failure?)*	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number (RPN)	Actions to Reduce Occurrence of Failure
Orders are written for Opioids - new med - and a contract is written at the same time	A contract is not written at the time of a new prescription for opioids	It may be forgotten to fill in the opioid contract with the patient	A contract is not filled out when needed	5	7	4	(5x7x4) = 140	Attach opioid contracts to all new patient charts – keep in chart as a reminder if an opioid script is started to fill it out Store opioid contracts in same location as prescription pads
Renewal for opioids is prescribed and contract is reviewed at the same time	A contract is not reviewed at the time of renewal	It may be forgotten to review a previous opioid contract with medication renewal	A review of the contract is not completed	8	3	3	(8x3x3) = 72	If renewal request comes to clinic – make sure to pull the patient's chart so a review can be done at time of renewal Keep old opioid contracts
Opioid contracts are written into policy for all patients receiving opioids	If not in policy/procedure guidelines it may be missed/forgotten	There is no written policy or procedure to complete the opioid contract	Policy and procedure act as a reminder and incentive – if there isn't one then less likely to be done	2	1	5	(2x1x5) = 10	Get all stakeholders on board for update of policy around opioids Make sure the policy is written and reviewed by all clinicians
All clinicians are required to fill in opioid contracts	A clinician is not required to fill in the opioid contract therefore it may	If not required then takes away incentive /	Opioid contracts may be missed on many	3	6	5	(3x6x5) = 90	Communicate the requirement to all clinicians

Results-FMEA TOP 3 RPN

Contracts are being renewed annually and reviewed with clients at each visit – discussing expectations, etc.	Old contracts may be left in chart without being reviewed or updated as needed	A contract may be outdated if not renewed annually	The patient may have an opioid contract that does not apply to them any longer	8	8	2	(8x8x2) = 128	RNs/RPNs/Clinicians are making sure to check on opioid contracts and that they have been signed within the year Continuing education to discuss evidence for this practice
Orders are written for Opioids - new med - and a contract is written at the same time	A contract is not written at the time of a new prescription for opioids	It may be forgotten to fill in the opioid contract with the patient	A contract is not filled out when needed	5	7	4	(5x7x4) = 140	Attach opioid contracts to all new patient charts – keep in chart as a reminder if an opioid script is started to fill it out Store opioid contracts in same location as prescription pads
Administrative staff make sure to pull a chart when there is an opioid specific request for renewal	Shadow charts are not being pulled and therefore the contract is not readily available	The admin staff may not know it is an opioid specific request or may forget to pull the chart	Opioid contracts may be missed on many different patients	6	8	2	(6x8x2) = 96	Pulling charts for all prescriptions Education on what an opioid is and a list of common prescribed opioids within the clinic

Results


Flowchart – Opioid Contract QI
Patient Assessment
Non-Pharm and Non-Opioid Explored (including procedures)
Benefit
NO
Consider Opioids
NO
Re Eval non-Pharm & Non-Opioids
YES
Continue with non-pharm & Non opioid
Opioid Risk Tool
NO
YES
Set Goals
NO
YES
Discuss Schedule
NO
YES
Discuss Exit Strategy
NO
Annual Opioid Contract
LEGEND
Start/End
Activity/Task
Decision Point

Change Ideas

- Focus on top RPN items
- Create a system to track these individuals
- Prompts on charts
- Enforce accountability for infractions, including limiting or stopping prescriptions
- Send summary sheet/copy of contract with patient for joint accountability

Proposed PDSA #1

PDSA #1

The first PDSA was to review the 100 charts and summarize # of patient's receiving opioids – DONE

Plan – start to collect data and create a database (ideas?) for individuals receiving opioids

Do – out of the 100 charts: 62 total had received a prescription; 23 of those scripts were opioids; 1 patient who had an opioid contract but this was done in 2016 by a resident

Study – we predict that the majority of patient's receiving opioids at the CPC will not have a contract in place

Act – let's discuss a plan!

Expected Results/Impact

We are better able to meet requirements for HQO by introducing contracts as a standard within in the Chronic Pain Clinic

It will be easier for clinicians to monitor and follow up with their patients if contracts are readily available and reviewed

This keeps both clinician and patient involved and accountable

Provides an opportunity to review those who have been on opioids long term and to assess whether this is the best treatment option for them moving forward

Involving everyone in the clinic will help to maintain this standard

Conclusion

In summary: we have done a review of small sample at the Chronic Pain Clinic and found that there were no up to date opioid contracts for the 23 individuals who had received opioids

To help meet HQO guidelines for opioid stewardship we are purposing that we ensure we are completing opioid contracts with all individuals receiving opioids moving forward

Conclusion

Next steps:
- Discuss possible barriers (database; changing routine/practice; buy in from all clinic staff; follow through)

Rollout:
- Update contract and bring into clinic use
- Chart prompt for patients receiving opioids
- Training of all staff
- Follow up sample accountability check
- Record results and disseminate knowledge