

# Global Trigger Tool

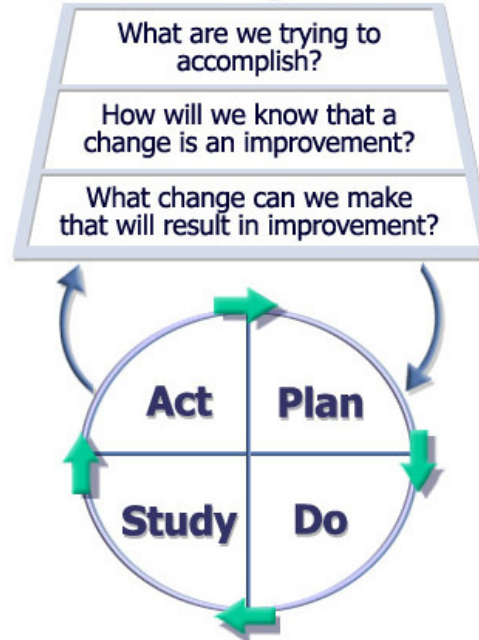
## *Measuring Patient Harm*

CMH

National GTT Workshop 2014

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## Model for Improvement



- Revelations from 2011 ADE data:
  - 30% of medication-harm related to Opioids
  - 23% of all harm was Constipation
  - Risk highest on surgical wards
  
- Forum to discuss findings (mid 2012)
  
- Retrospective detailed analysis of a surgical ward requested

# New Data Collection Tool

## Targeted Opioid-related Harm Data Collection Sheet

Patient NHI:	Audit date:
Discharge date (dd-mm-yyyy):	Specialty:

Clinical Context:
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### Adverse Drug Events (ADE) - Triggers

Triggers	ADE Found		Harm Category	Sub-Category	When	Where	Description of ADE
	Y	N					
M4, M5 M16 or M19							

### Targeted Data Collection

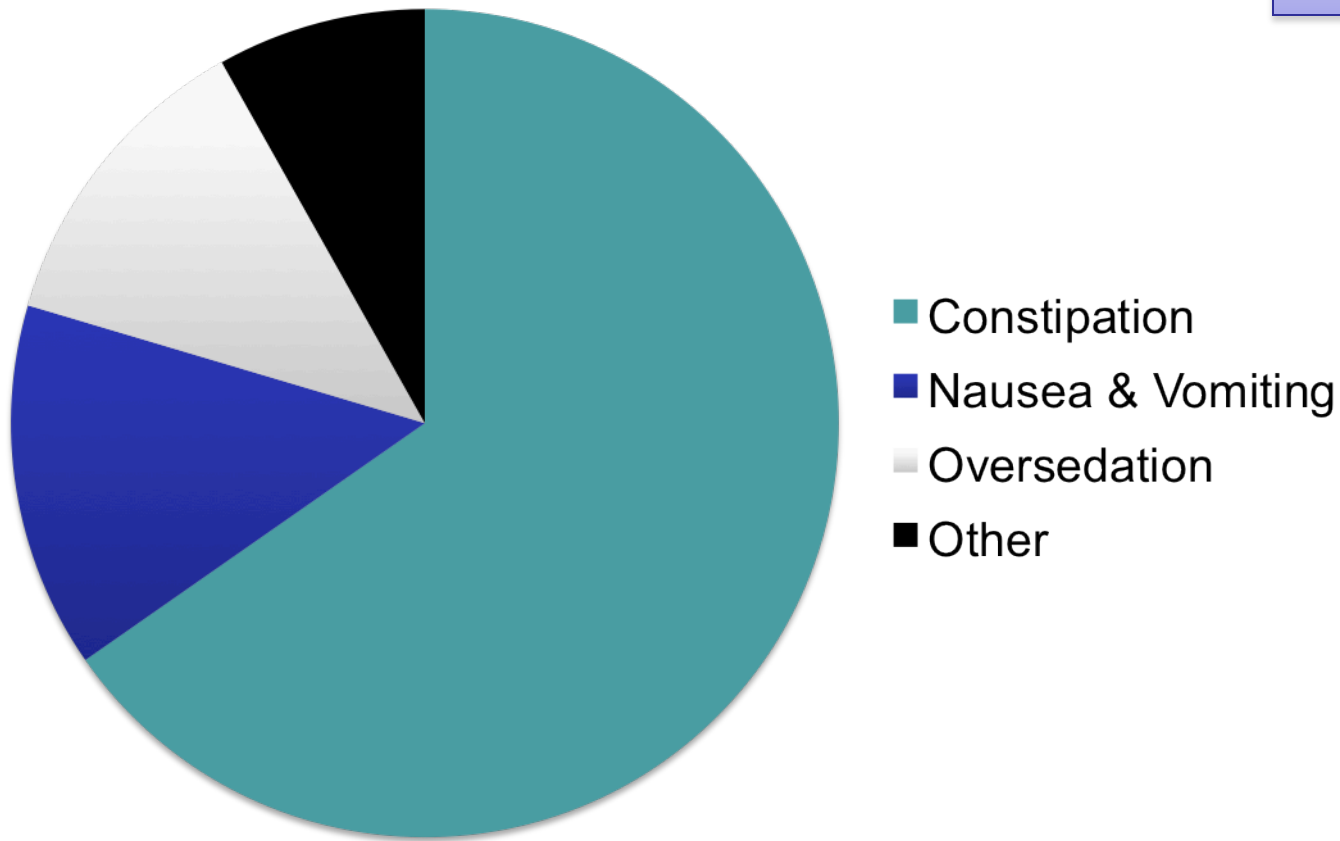
	YES	NO	
Were Opioids Rx?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, were they:			
Regular (≥ 3 doses/24 hours - SA or ≥ 2 doses/24 hours - LA)	<input type="checkbox"/>	<input type="checkbox"/>	
Irregular (≤ 2 doses/24 hours)	<input type="checkbox"/>	<input type="checkbox"/>	
Were laxatives given within 48 hours of admission?	<input type="checkbox"/>	<input type="checkbox"/>	
Were antiemetics given within 24 hours of admission?	<input type="checkbox"/>	<input type="checkbox"/>	
Bowel Chart/Daily intervention chart:			
Present in records?	<input type="checkbox"/>	<input type="checkbox"/>	
Present and used regularly (daily)?	<input type="checkbox"/>	<input type="checkbox"/>	
If opioid-related harm occurred, what were the Contributing Medications:			Oral IV SA LA
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tramadol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other? State Medication _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>1) Opioid-related constipation identified</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Were Laxatives (lactulose / laxsol) chartered?	<input type="checkbox"/>	<input type="checkbox"/>	
When were they chartered?			
Delayed (≥ 2/7 days)	<input type="checkbox"/>	<input type="checkbox"/>	
No Delay (laxatives chartered concurrently with opioids)	<input type="checkbox"/>	<input type="checkbox"/>	
Were laxatives administered?	<input type="checkbox"/>	<input type="checkbox"/>	
Delayed (≥ 2/7 days)	<input type="checkbox"/>	<input type="checkbox"/>	
No Delay (laxatives given concurrently with opioids)	<input type="checkbox"/>	<input type="checkbox"/>	

Laxatives refused by patient	<input type="checkbox"/>	<input type="checkbox"/>
Other interventions:		
Microlax/Movicol/Fleet	<input type="checkbox"/>	<input type="checkbox"/>
Surgical evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Non-pharmacological eg Kiwi crush	<input type="checkbox"/>	<input type="checkbox"/>
Were there any adverse events related to treatment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		
Mobility:		
Mobile?	<input type="checkbox"/>	<input type="checkbox"/>
Bedridden?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2) Opioid-related Nausea/vomiting identified</b>	<input type="checkbox"/>	<input type="checkbox"/>
Were antiemetics chartered?	<input type="checkbox"/>	<input type="checkbox"/>
When were they chartered?		
Delayed (≥ 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
No Delay (antiemetics chartered concurrently with opioids)	<input type="checkbox"/>	<input type="checkbox"/>
Were antiemetics administered?	<input type="checkbox"/>	<input type="checkbox"/>
When were they administered?		
Delayed (≥ 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
No Delay (antiemetics given concurrently with opioids)	<input type="checkbox"/>	<input type="checkbox"/>
Patient refused treatment	<input type="checkbox"/>	<input type="checkbox"/>
Were there any adverse events related to treatment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		
Was a PONV sticker/guideline used?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3) Opioid-related Oversedation identified</b>		
Was patient overmedicated?	<input type="checkbox"/>	<input type="checkbox"/>
Opioid dose given? _____		
Was Naloxone chartered and administered?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any adverse events related to treatment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		
<b>4) Other</b>		
Did the opioid cause harm other than constipation, N/V or oversedation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		

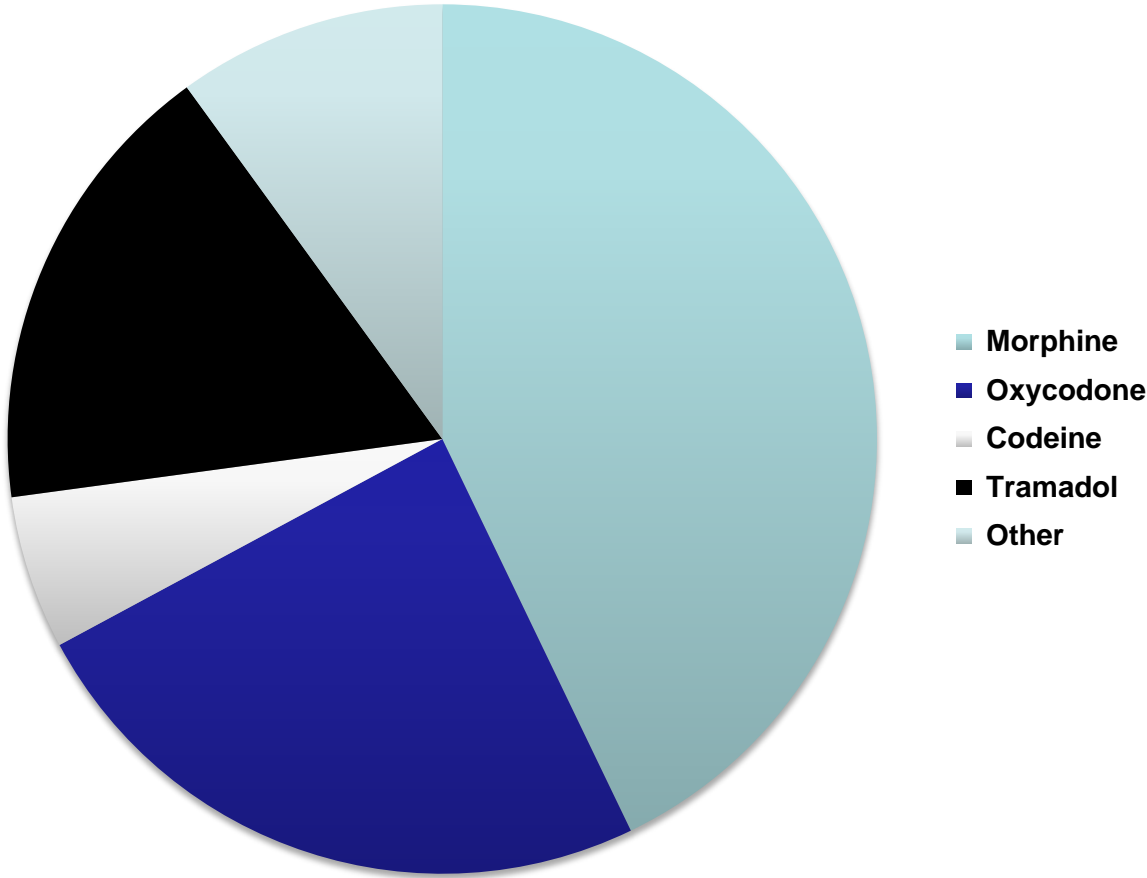
# Baseline Data – Orthopaedic ward

N = 131  
Opioids = 114  
Harms = 49

## Types of Patient Harm

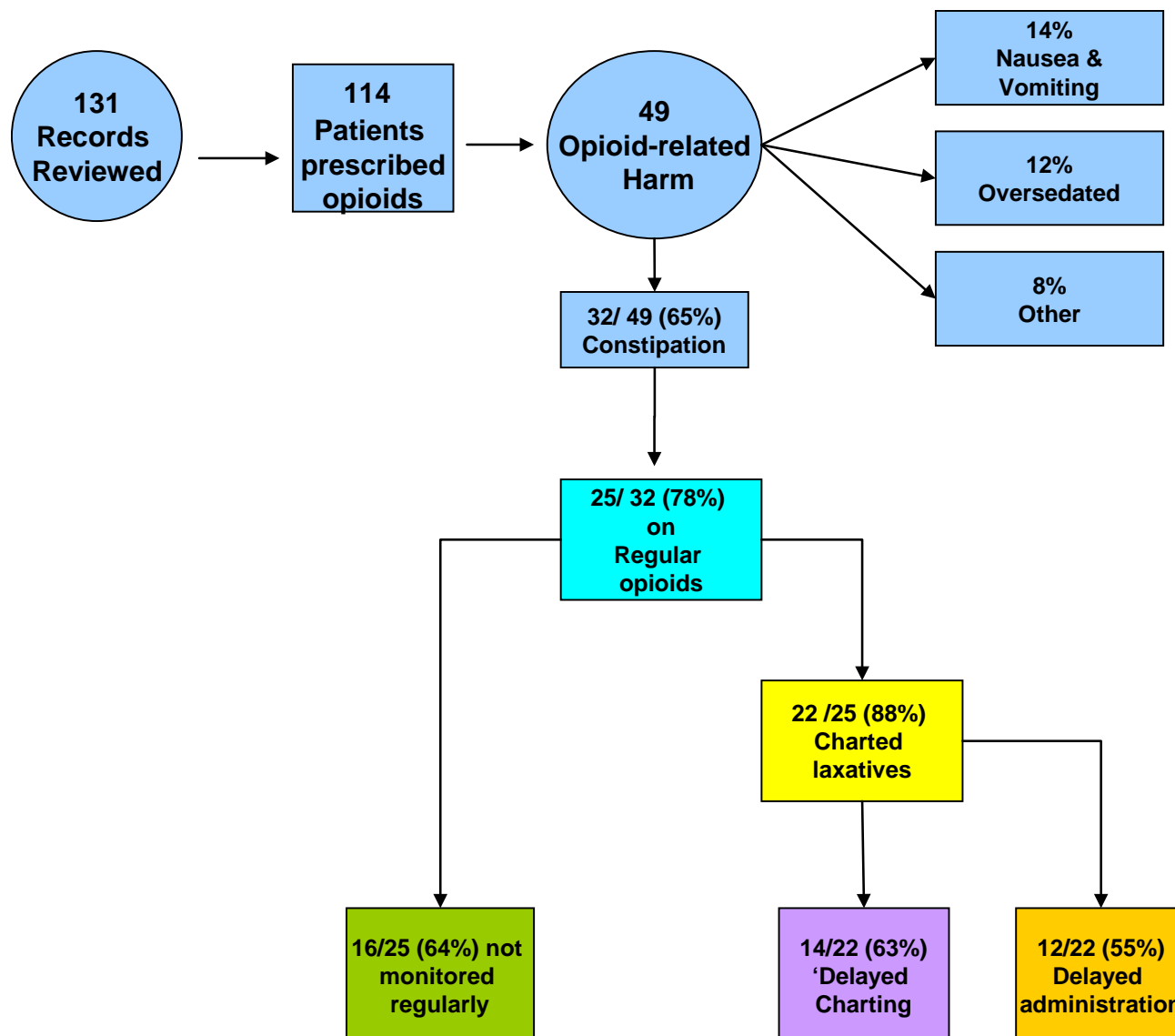


# Opioids implicated in Harm



- Project A
  - Tackling high rate of opioid-related constipation
- Project B
  - Tackling opioid-related oversedation

# Results: Focusing on Constipation

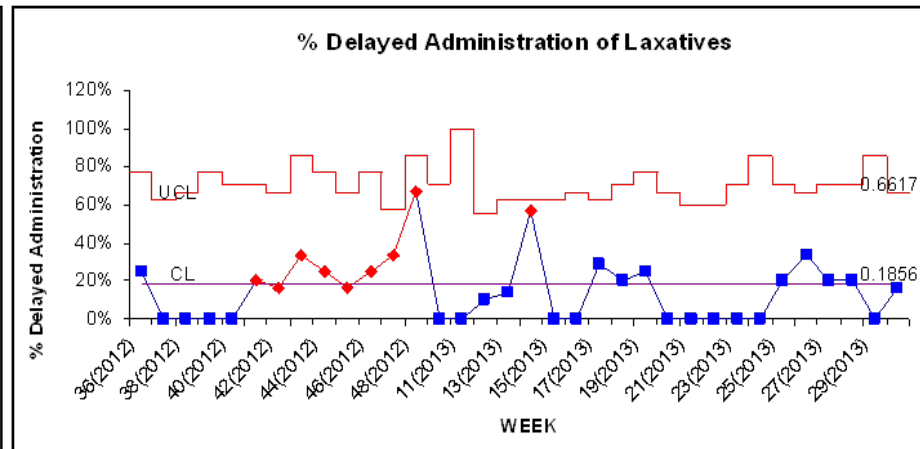
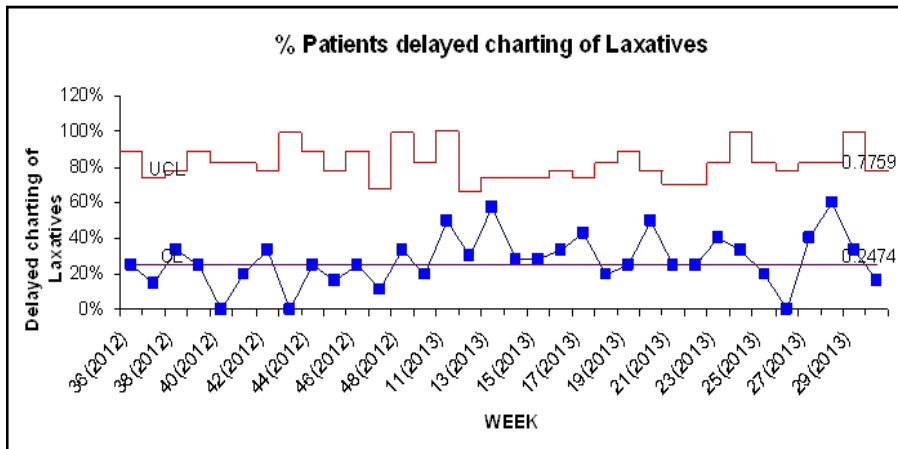
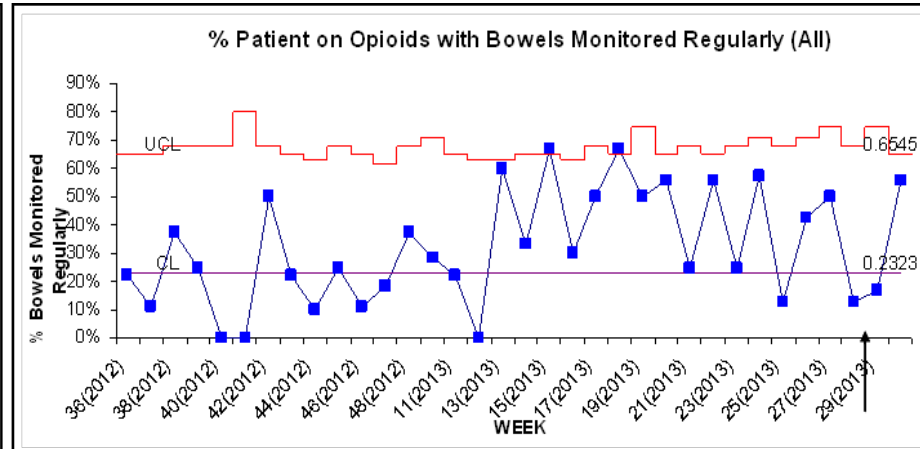
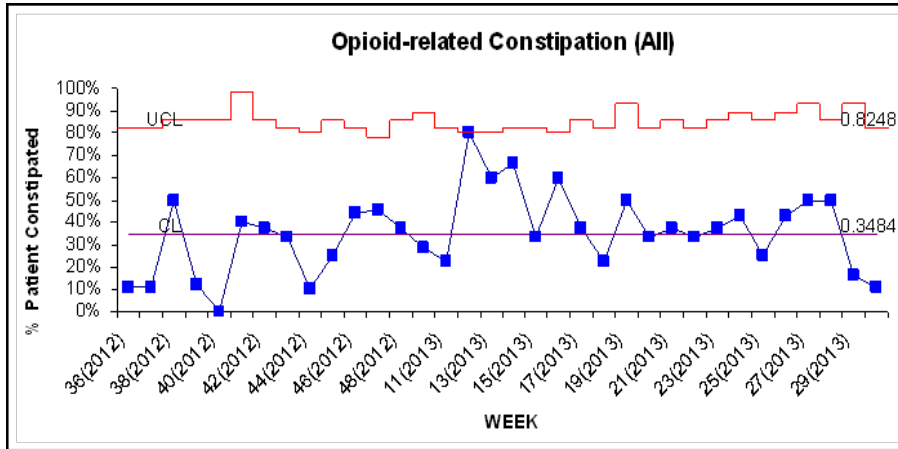




# Change concepts and ideas – Project A

Idea for Testing in a PDSA	Theory and prediction about what will happen when you test this idea
Regular Bowel charts for all patients on opioids	Regular bowel monitoring will identify problems early allowing for effective intervention earlier
PRN Laxatives charted in conjunction with opioids routinely	If bowel charts are working well then nurses will be alerted to administer laxatives early
Regular Laxatives charted in conjunction with opioids routinely	Laxatives to be administered in conjunction with opioids daily
Patient Leaflets	Leaflet informing patients of constipation as an adverse effect of opioids and to let nurses know if bowels have not moved as per normal.

# Results



# What didn't work

- Changes that didn't result in improvement
  - No change to outcome measure (Constipation rate)
  - Improvement in use of full bowel chart but not sustained
  - Charting: no change
  - Administration: no change

# Why?

- Needed better engagement to overcome barriers
  - Nursing
  - Medical Staff
  
- More drivers for the project
  - Increased presence on the ward
  - Needed engagement of pain team
  - Engagement of pharmacy
  
- Projects need to be short and sharp