



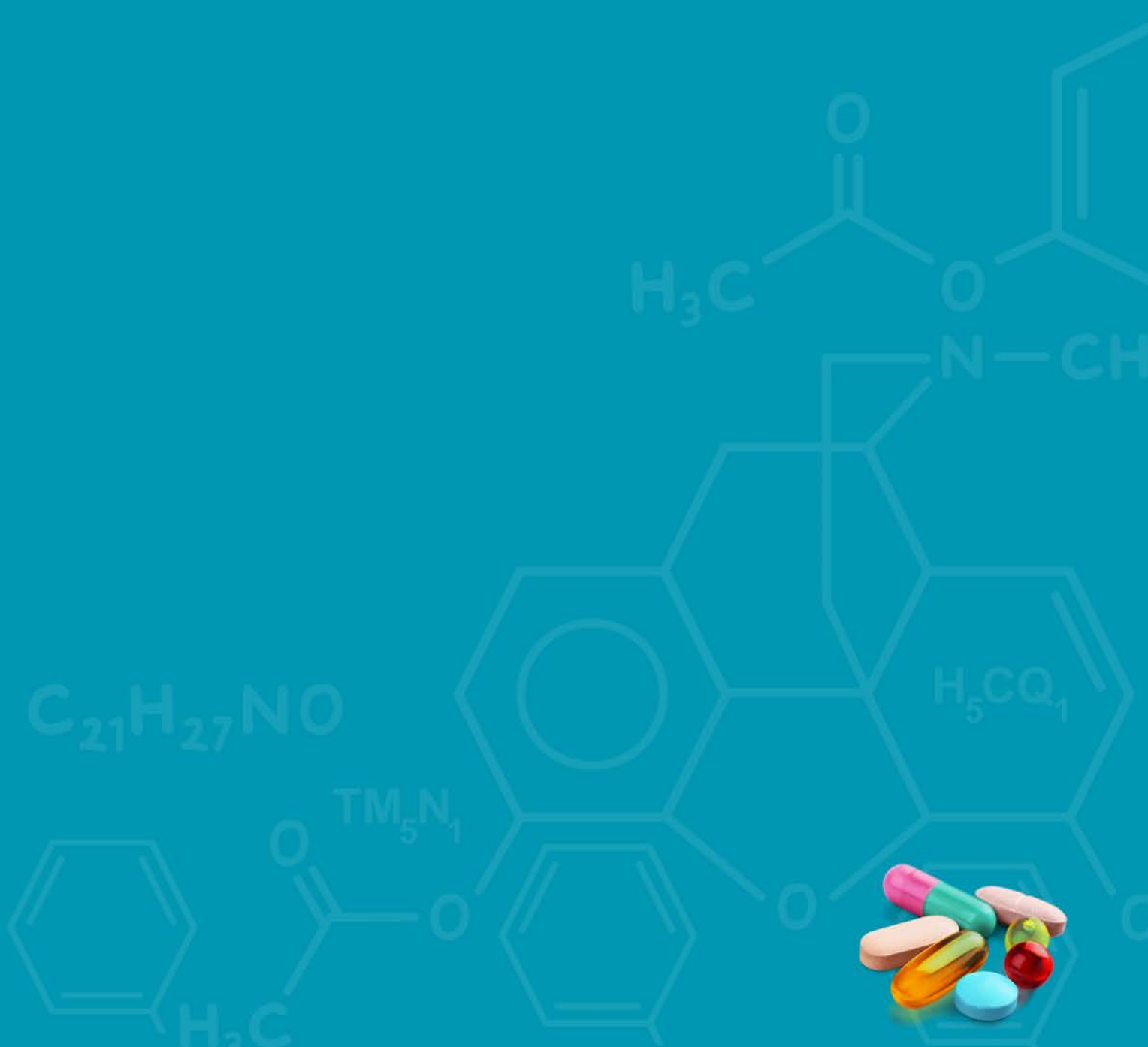
Transforming Medication  
Safety Northern Ireland

# Medication Safety Opioid Improvement Collaborative Programme

*Sharing the Learning  
Recognising Improvement*

19th September 2024  
Riddell Hall







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To access an electronic version of this booklet, which will include a Glossary of Terms, scan the QR code opposite OR go to [bit.ly/MedSafetyBooklet](http://bit.ly/MedSafetyBooklet)





# Welcome

Welcome to the HSCQI Medication Safety Opioid Improvement Collaborative learning event 2024.



## Dr Aideen Keaney, Director, HSCQI



Welcome to this HSCQI Medication Safety Opioid Improvement Collaborative Programme publication. This booklet summarises the journey of each of the nine project teams who participated in this 11 month regional programme.

In September 2020, the Department of Health (DoH) launched *Transforming Medication Safety in Northern Ireland* (TMSNI), a strategic response to the World Health Organization's Third Global Patient Safety Challenge 'Medication Without Harm'. This strategic response aligns Health and Social Care (HSC) medication safety priorities for Northern Ireland (NI) with the collective commitment across the HSC system to improve safe practices with medicines and embeds a medication safety culture within our population.

In February 2023, the HSCQI Leadership Alliance (whose membership includes the Chief Pharmaceutical Officer, Professor Cathy Harrison) endorsed the establishment of a HSCQI Medication Safety Improvement Collaborative, engaging project teams from both Primary and Secondary Care to focus on leading initiatives that would result in safer opioid prescribing for the management of non-malignant pain. In August 2023, HSCQI, in partnership with the TMSNI project team, facilitated a regional stakeholder engagement workshop during which Primary and Secondary Care project teams were invited to register to participate in the programme.

The programme was launched in October 2023, and since then has been engaging with nine multi-disciplinary project teams from both Primary and Secondary Care. Despite ongoing system challenges, all nine project teams have demonstrated a collective commitment to a shared purpose, working tirelessly to make opioid prescribing safer for those who experience non-malignant pain. I want to take this opportunity to thank each project team participant for their passion, commitment and resilience to ensuring continuous and effective collaboration with each other. In doing so, each participant has co-created a collaborative programme during which all teams have been inspired and supported by each other on a shared journey of learning for improvement.

I hope you enjoy reading about the great work each of these teams has been leading on during the lifetime of this programme and that you reach out and connect with the teams so that the learning they will share with us today is disseminated and adopted as widely as possible across both primary and secondary care.

## Professor Cathy Harrison, Chief Pharmaceutical Officer, Department of Health



As Chief Pharmaceutical Officer, I am delighted to welcome this HSCQI publication which illustrates the commitment and dedication of the project teams to improve opioid prescribing for non-malignant pain management. It is clear that medication safety needs to be a priority for everyone receiving and providing care within our health and social care service.

The work of the project teams clearly prioritises medication safety and directly supports the implementation of a key commitment laid out in the medicines domain of the Department of Health strategy, *Transforming Medication Safety in Northern Ireland* (TMSNI), to reduce the burden of avoidable harm from groups of high-risk medicines by undertaking a targeted improvement programme.

In terms of high-risk medicines, the strategic focus from 2023-2024 has been opioid prescribing. I look forward to seeing the scale and spread of the project team's learning across all sectors to have a population-level impact on opioid prescribing and medication safety.



# HSCQI Medication Safety Opioid Improvement Collaborative

The Opioid Improvement Collaborative was established in response to a mandate issued by the HSCQI Leadership Alliance. In addition, the programme is aligned with the medicine domain of the Department of Health's *Transforming Medication Safety for Northern Ireland (TMSNI)* strategy to, "reduce the burden of avoidable harm from high-risk medicines".



During 2023-24, the collaborative committed to undertaking a targeted medicine safety improvement programme with the aim of reducing preventable harm associated with high-risk medicines (opioids).

HSCQI has delivered the programme in partnership with the TMSNI Programme Team with input from Versus Arthritis and their Lived Experience Voice Volunteers; PHA Personal and Public Involvement colleagues; Healthy Living Centre Alliance; HSC; and, NHS England Improvement subject matter experts.

Project teams were supported by Quality Improvement (QI) mentors from within their organisation with the oversight of the HSCQI Network Improvement Leads for Primary and Secondary Care.

Following a period of scoping and a regional stakeholder engagement workshop in August 2023, the programme was co-designed. It is underpinned by the principles of the Institute of Healthcare Improvement (IHI) Collaborative Model for Achieving Breakthrough Improvement, and, the Q2020 Attributes Framework Level 2 QI Training.

A series of learning sets and project surgeries created collaborative conditions to learn QI theory and methodology, while sharing to improve with peers and subject matter experts. The programme engaged a total of 40 participants, 30 of whom will receive their Level 2 QI Certificate.



## Programme high level aim

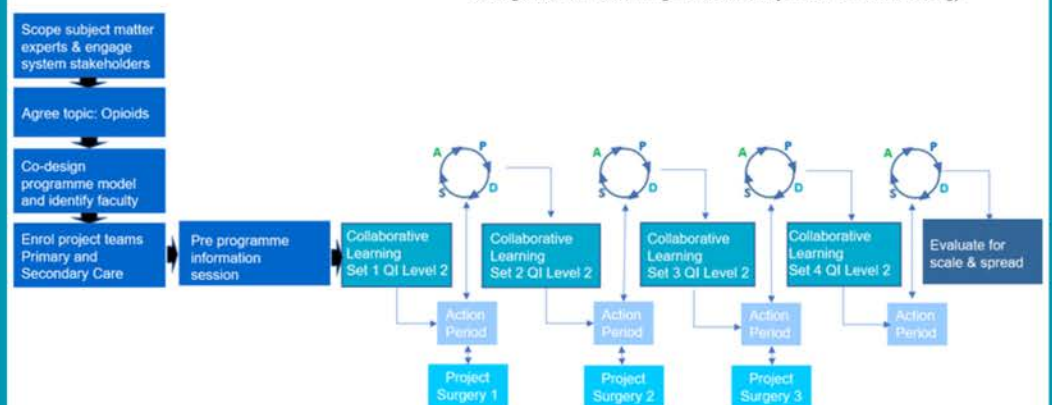
By September 2024 the HSCQI opioid improvement collaborative programme will have supported nine project teams from Primary and Secondary Care to focus improvements on opioid prescribing for the management of non-malignant pain.

The programme was launched in October 2023.

## Opioid Improvement Collaborative Programme Model

Combination of IHI Breakthrough Series Model and Q2020 Attributes Framework Level 2

Strategic context: Transforming medication safety in Northern Ireland Strategy



An independent programme evaluation will be facilitated by the Medicines Optimisation Innovation Centre (MOIC), with the report due at the end of December 2024.

Each project team is displaying a QI Poster in the venue today and is looking forward to sharing their QI stories through a series of presentations.

Extracts from the nine posters are featured on the following pages.



# Carryduff Surgery and Versus Arthritis: Creating a Community of Practice for People Living with Chronic Pain

**AIM:** To reduce the percentage of patients who are on more than one opioid for non-cancerous chronic pain by 30% by April 2024.

Chronic pain is common and complex. There is a growing body of evidence indicating that some patients come to harm through prescription drugs used to manage chronic pain. It is more likely that a drug-related death in Northern Ireland will be linked to prescription medication. Carryduff Surgery is committed to providing compassionate, high-quality and safe healthcare for all patients.

Although Carryduff Surgery is in the lower third in the South Belfast Federation in the prescription of all opioids, there were still several patients on more than one long-term opioid medication for the management of non-cancerous chronic pain. As a practice team, we harnessed a QI approach to improve our care for people who were living with chronic pain and to reduce harm from prescription medications.

## Methodology

1. Review of Compass Report Data Pain Indicators July–Sept 2023;
2. Practice Meeting to discuss viability and feasibility of project;
3. Huddle with QI project team to brainstorm QI tools to utilise.

## Process Changes

1. Driver Diagram to develop change ideas;
2. Model for Improvement: Multiple PDSA cycles;
3. 'Six thinking hats' to optimise change ideas.



## Change Ideas

1. Keeping Chronic Pain on the agenda;
2. Educational resources developed for patients; carers; and, clinicians;
3. Chronic Pain Review Template developed and tested;
4. Collaboration with Versus Arthritis – new course in Carryduff;
5. Teaching day for all prescribers and medical students;
6. Practice website as signpost to resources.

**VERSUS ARTHRITIS**

## Impact: Patients originally on more than one opioid for non-cancerous chronic pain

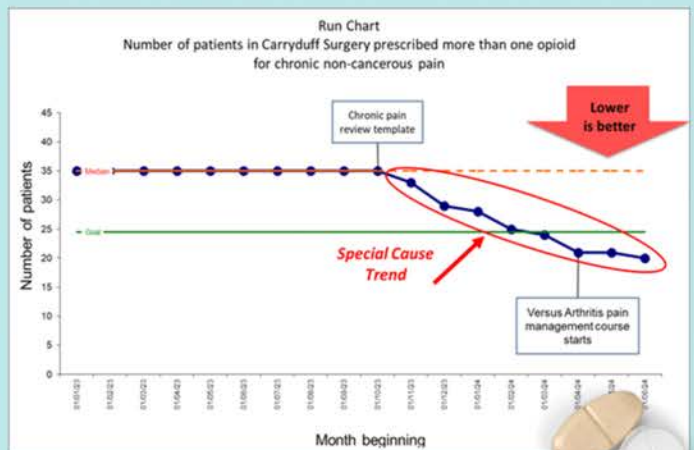
- **69%** had a personalised chronic pain review with a clinician;
- **58%** completed the pain management course with Versus Arthritis;
- **40%** have reduced to only one opioid;
- **3%** are now not taking any opioid medication;
- **Zero** increases in prescriptions of 'z' drugs for this cohort.



- **PLUS**, a sustained **reduction** in the prescribing of Total Opioid CDs, Codeine and Buprenorphine patches suggestive of impacts reaching all patients previously prescribed opioids (not just >1) for non-cancerous chronic pain.



## Outcome Measure



## Service User Feedback

This course has helped me to see that life can still be good.

Learning – I can't do everything myself. Take help offered. Be kind to myself. You don't have to do everything at once.

## Contact:

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# How to empty the bath - A QI project to reduce Tramadol prescribing in the Scotch Quarter Practice (SQP) between October 2023-July 2024



**AIM:** Scotch Quarter will reduce the number of patients prescribed a daily dose of 400mg long-acting Tramadol, by 50% between January 2024 to end of July 2024

## Background

- SQP urban practice size 7,200;
- Team of six GP Partners, 1 salaried GP, 2 nurses and 2 practice based pharmacists (PBPs);
- Compass Report highlighted that we are highest prescribers of Tramadol in East Antrim Federation;
- Identified target cohort 29 patients prescribed highest strength - 400mg of Tramadol MR daily;
- Patient cohort on no other opiates;
- Analysed 29 to find common themes and facilitate creation of a Driver Diagram.

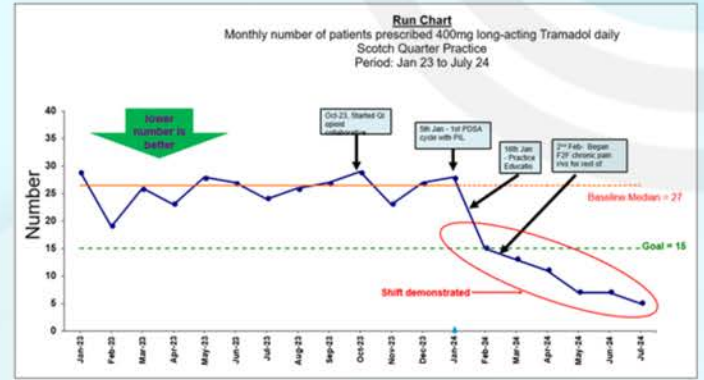


## Testing Change



PDSA cycle to evaluate the acceptability and effectiveness of face-to-face chronic pain review GP appointments including use of draft Patient Information Leaflet (PIL) in cohort of 29 prescribed Tramadol patients.  
**Patient information leaflet (PIL)**

## Outcome Measure



## Results: Aim Achieved

- 83% reduction in number of patients prescribed the highest dose of long-acting Tramadol 400mg daily;
- No patients were started on the 400mg dose during the course of the project.

## Balancing Measures

- No increase in prescribing of other opiates;
- Co-codamol prescribing reduced.

## Lived Experience Feedback

- First 15 patients received satisfaction questionnaires. 11 returned;
- 100% reported appointment has gone well;
- 91% felt that the GP was interested in their chronic pain experience.



## What Next?

- F2f GP chronic pain review all patients taking over 20mg daily Morphine equivalence;
- Practice Opiate policy in daily use;
- Versus Arthritis patient course September 2024.

## Practice Opioid Policy

Morphine	Oxycodone	Fentanyl	Buprenorphine	Codeine Phosphate / Dihydrocodeine	Tramadol	Tapentadol	
Oral (mg)	Oral (mg)	Transdermal Patch (mcg / hr)	Transdermal Patch (mcg / hr)	Oral (mg)	Oral (mg)	Oral (mg)	
24hr total dose	24hr total dose	Patch strength STABLE PAIN ONLY	Patch strength STABLE PAIN ONLY	24 hr total dose	24hr total dose	24hr total dose	
5			5 Ibuprofen	60	50		Compliant with SQP Opiate Policy for chronic non malignant pain
10				120	100		
15				240	150		
20	10		10 Ibuprofen		200		
30	15				300		
40	20	12	20 Ibuprofen		400	100	Patients will require safety review and consideration of reduction scheme
60	30		35 Ibuprofen				
80	40					200	
100	50	25	52.5 Ibuprofen				
120	60					300	



**Contact**  
Dr Nancy Conroy nihaldane@doctors.org.uk



# '20 By 24' Mourne Family Surgery reduces Co-Codamol 30/500 prescribing by 20% in 2024

**AIM:** Mourne Family Surgery will reduce Co-Codamol 30/500 prescribing by 20% by 1st May 2024.

Mourne Family Surgery has historically struggled to reduce Co-Codamol 30/500 prescribing. 2022-23 COMPASS monthly prescribing data indicated the practice had a higher than locality rate of codeine prescribing.

An increase in Co-Codamol 30/500 mg prescriptions from April 2023 coincided with an unsustainable surge of new patients registering with the practice.

## Methodology

A multi-disciplinary project team was established, using quality improvement tools to understand the problem, systems and processes. The Driver Diagram helped identify several change ideas to test and measure their impact.



Our Lightbulb moment came from the insight of our practice receptionist: Patients could request a prescription for Co-Codamol 30/500 mg, even if they had not received it for several months. If patients could not re-order antidepressants and other potentially harmful medications after months without GP review, why not test a similar standard for Co-Codamol 30/500 mg requests?

## Testing Change Ideas

A Patient information leaflet was tested but was deemed ineffective as only 20% of GPs were using it after 12 weeks.



- **New practice policy** was developed: patients who had not received a Co-Codamol 30/500 mg script within the past 12 weeks, would require a GP assessment first;
- This interval was reduced to eight weeks after testing showed no negative impact on GP workloads;
- Team awareness/education was provided about new policy and new NICE guidelines.

## Measures

Outcome measure: Number of Co-Codamol 30/500 mg prescriptions issued per month.

## Results

Between April 2023 – April 2024 our rate of Co-Codamol 30/500 prescribing fell by 32% – exceeding our 20% target.



## Mourne Family Surgery



Mourne Family Surgery staff.

## Balancing Measures

- Number of Co-Codamol 15/500 mg prescriptions issued per month was monitored. This revealed a minor increase which quickly started to reduce;
- Number of additional appointments with GP was observed and no significant increase in appointment demand was reported by GPs.

## Benefits

- Wider benefits in practice medicines safety were seen with our COMPASS prescribing report indicating a significant reduction in total Codeine, total Opioids, Dihydrocodeine, Tramadol and Buprenorphine patch prescriptions.



## Key Learning

- Engaging the team helped identify ideas for improvement and contributed to the success of project. Keeping entire team involved ensured workload was manageable.

## Next Steps

- Results will be shared with other GP teams via GPNI and at Autumn 2024 GP Appraisers Conference.



## Contact

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# Reducing opioid prescribing for non-malignant pain and improving the management of associated risks for older people receiving medication assistance in their own homes

A partnership between Belfast Health & Social Care Trust and West Belfast GP Federation

**HSC** Belfast Health and Social Care Trust



**AIM:** To reduce the number of opioid prescriptions in West Belfast GP Federation practices for patients in receipt of BHSCT Home Care medication assistance and to improve the quality of opioid medication information sharing to facilitate management of associated risks by 40% by September 2024.

## Understanding the problem

A QI project team was established which consisted of a range of stakeholder representatives. A Process Map was the key QI tool used to understand the system and identify potential hazards and areas for improvement.

## Stakeholder Engagement



## Process Changes

- **Phase One** – aim for reduction of prescribed opioids for identified service users requiring assistance with medications;
- **Phase Two** – development and implementation of a checklist to assist Trust Social Workers, at the point of referral from Primary Care, to establish the associated risks and develop an appropriate care plan.

## Results & Outcomes

**Phase One:** GP practices within the West Belfast GP Federation completed reviews of 36x Homecare service users in receipt of opioid medications.

- 56% of these patients received a reduction in their opioid prescription;
- 45% of patients reviewed had ongoing plans of opioid reduction by their GPs, 11% had prescribed opioids reduced following request for medication review by our project team.



**Phase Two:** The INFORM checklist did not show an overall anticipated 40% compliance with referral information, it was noted that signs of improvement are starting to show. Results indicated improvement of quality of information provided on GP referrals in the last eight weeks.

## Challenges

- Complexities due to a number of stakeholders working cross organisationally;
- Complex referral process with referrals being received from various sources;
- Workforce pressures and staffing resource – encompass go live BHSCT, June 2024.

## Achievements/Learning

- GP Medication Reviews: 56% of patients reviewed by GP Practice Pharmacists received a reduction in their opioid prescription;
- INFORM Medication Checklist: Checklist developed and embedded within West Belfast GP Federation GP practices and West Belfast BHSCT Community Social Work Team;
- Identification of referral source: During our QI Journey we identified that the majority of referrals for domiciliary care input come from within the Trust which sets clear direction for the project in the future.



## Next Steps

**INFORM Medication Checklist** – Further training and raising of staff awareness to ensure embedding and adoption of INFORM checklist.

**GP Federation Practices** – Consideration for Home Care Service to expand this QI approach citywide across the four Belfast GP Federations.

**INFORM Medication Checklist** – Consideration of adopting this checklist for non-GP referrals to BHSCT Community Social Work for domiciliary care input.

## Contact

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<b>I</b>	• Personal <b>INFORMATION</b> - Service User's Name, Home Address, Date of Birth, Next of Kin
<b>N</b>	• Are there any specific <b>NEEDS</b> related to the medication e.g. time-specific, opioid?
<b>F</b>	• In what <b>FORMAT</b> is the medication to be administered e.g. blister pack, boxed, liquid, transdermal patches?
<b>O</b>	• Who is responsible for <b>ORDERING</b> and delivery of the medication?
<b>R</b>	• Are there any <b>RISKS</b> associated with Service User and/or their household e.g. lack of capacity, substance misuse, mental ill-health
<b>M</b>	• <b>MANAGING</b> the risk e.g. is a locked box required, does this need to be administered by a District Nurse?



# Reducing high strength opioid prescribing without simple analgesics for patients being discharged following lung cancer surgery

**AIM:** To reduce the number of opioid naïve patients, who had lung cancer surgery, being discharged home from the Royal Victoria Hospital Cardiothoracic surgery ward on high strength opioid analgesics without simple analgesics, by 20% from beginning of October 2023 to end of June 2024.

Lung cancer surgery is often associated with significant post-operative pain and has been linked to a high risk of prolonged post-operative opioid use (Clarke et al. 2014). To help reduce opioid requirement it is recommended that they are best used in combination with paracetamol and non-steroidal anti-inflammatories (NSAIDs), where appropriate (Katz et al. 2015).

Baseline data revealed that frequently patients were discharged home following lung cancer surgery with solely high strength opioid analgesia.

As a project team we decided to use a QI approach to reduce the prescribing of high strength opioids with no simple analgesics.

## Methodology

- Fishbone diagram (Figure 1 in poster) was used to study the current system;
- Driver diagram (Figure 2 in poster) was used to identify potential change ideas;
- Analysis of discharge medications completed and data collated;
- Baseline measure established % of patients who were discharged with simple analgesics (such as paracetamol) rather than solely strong opioid analgesics.

## Measures

- Outcome: % of opioid naïve patients being discharged home on strong opioids with no simple analgesia;
- Balancing: % of patients presenting to their GP/ED within two weeks post-discharge for an increase in analgesia (captured during telephone review);
- Process: implementation of guidelines and education sessions.

## Change Ideas

- Education sessions for ward staff;
- Development and implementation of guidelines for prescribing discharge analgesia following best evidence.



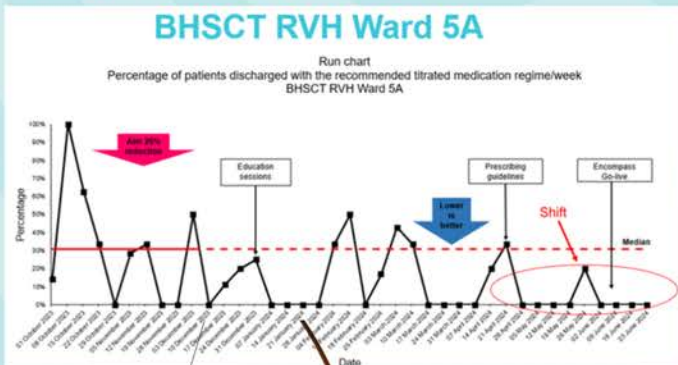
## Patient Feedback



## Contact

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## Outcome Measure Run Chart



## Challenges

- Managing demands on staff's time during implementation of the new Health and Social Care single digital care record 'encompass';



- Busy acute unit made regular team meetings challenging.

## Key Learning

- Understanding team dynamics is crucial, considering each person's perspective on the project;
- Use of PDSA cycle and, that if something doesn't work, it is acceptable to adapt, adopt, change or abandon that idea.



## Next Steps

- Update patient information booklets;
- If possible, discharge analgesia guidelines incorporated into encompass system;
- Review the amount of opioid analgesics that people tend to use after discharge and for how long.





# Reducing codeine use in Antrim Hospital Surgical Elective Unit

**AIM:** To reduce inpatient use and discharge\*\* supply of codeine by 20% in Antrim Hospital SEU between October 23 and August 24

Northern Ireland (NI) is the highest prescriber of total opioids\* (items) across the UK and inappropriate opioid use has been a concern for a number of years. Patients may be prescribed strong opioids following surgery including oral morphine and oxycodone.

An initial audit indicated that overall use of strong opioids was low with the majority of these patients (80%) prescribed morphine, in-line with regional targets. However, the use of codeine (weak opioid) in surgical patients remains a concern including the potential impact of long-term use and demand within primary care.

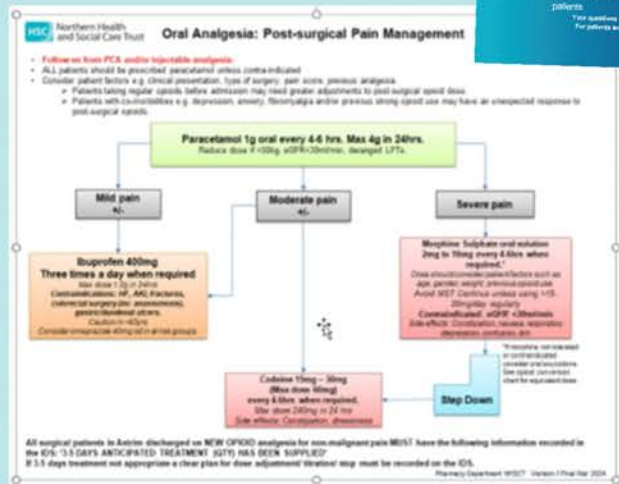
A quality improvement (QI) approach was implemented aiming to reduce codeine use within Antrim Hospital Surgical Elective Unit (SEU). \*NI Prescribing Data

## Methodology

- QI tools included: Driver diagram, stakeholder analysis, detailed measurement plan;
- Key stakeholders informed the development of a prescribing support algorithm/tool;
- Stakeholder engagement & feedback;
- \*\*Data analysis: inpatient use & discharge supply of codeine inferred from pharmacy stock supply data.

## Testing Change Ideas

- Treatment plan/No. on discharge communication;
- Treatment algorithm tool;
- Patient information leaflet (PIL).

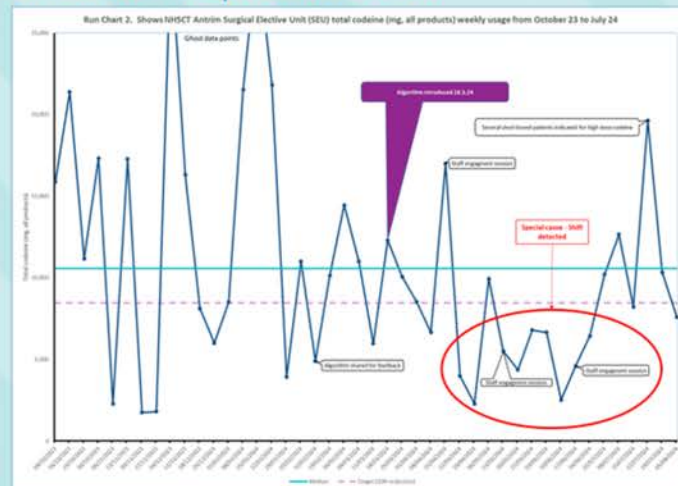


## Other Results/Benefits

- Immediate Discharge Summaries (IDS) show standards of information shared with Primary Care has improved;
- Healthcare professionals report algorithm has positive influence on their prescribing;
- Surgical discharges prescriptions: Pain Plan and Quantity of opioids dispensed now embedded practice for all surgical patient discharges in Antrim hospital.

## Improvement outcome measure

**Outcome measure 1:** weekly total (mgs) usage of all oral codeine products on SEU



## Balancing Measure

Prescribing of strong opioids: No significant change observed.

## Experience Feedback

I have noticed this wording on discharge letters and do feel that it gives more confidence to stop the opioid after this time frame, or step down accordingly to a weaker opioid for a short, defined period

The Patient Information leaflet is really very good and easy to read with a good size font. It provides a good balance of why the opioids have been prescribed and the caution that they should not be required for continual use

## Key Learning

- Process map to focus on patients pain experience;
- Limitations to pharmacy stock supply data
- Benefits of clear communication of treatment plan on discharge;
- Use of Codeine 15mg tablets.

## Next Steps

- Sustaining and spreading change e.g. use of Algorithm tool;
- Introduction of opioid PIL
- Further analysis of codeine prescribing;
- Patient/primary care engagement to reduce opioid use post discharge.

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# Improving the Prescribing of Opioids across Primary and Secondary Care

**AIM:** To reduce the percentage of patients who remain on opioid medication at eight weeks post discharge from the orthopaedic trauma wards, Altnagelvin Hospital by 50% by 31st August 2024.

- Northern Ireland has the highest opioid prescribing rates in the UK;
- Post-operatively opioids should be prescribed for a maximum of 5-7 days;
- Physical and psychological dependence can develop in 2-10 days;
- A significant proportion of opioids prescribed in primary care have been initiated in secondary care;
- Discharge letters frequently request the GP to review new post-operative opioid medication, however a specific plan or relevant information to enable an appropriate review is often lacking;
- There is a risk that patients remain on opioids longer than necessary.



Staff taking part in Driver Diagram day

## Method

- The QI project focused on opioid naïve, lower limb trauma patients;
- Prescribing data was reviewed eight weeks post discharge, to determine if patients had stopped opioid medication.

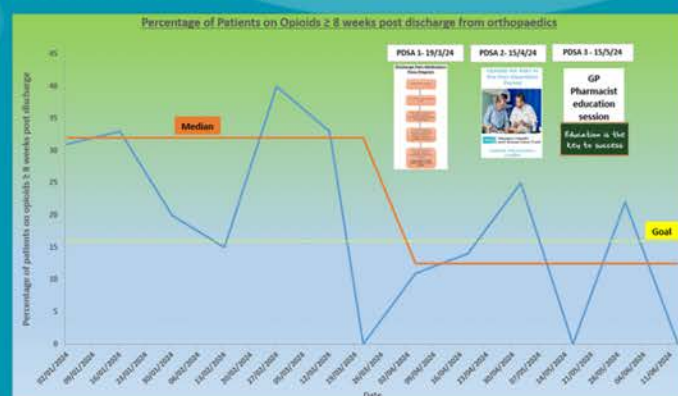
## PDSA Cycles

- Our interventions were aimed at improving education and communication within the MDT, across primary and secondary care, and for the patient.



- 1 Implemented discharge pain medication flow diagram & doctor education;
- 2 Patient information leaflet & patient education;
- 3 General practice pharmacist education.

## Results & PDSA Cycles



## Key Learning Points

- Change takes time!
- The importance of understanding the system to implement effective change;
- The value of collaborative cross sector working;
- The benefit of education within the MDT, across the primary/secondary care interface, and increasing patient awareness.

## Next Steps

- Extend the project to confirm validity of data and sustained change;
- Establish a pathway for the review of patients who are identified as using opioids for an extended period.



## Barriers

- Arrangements to access data. Data Protection Impact Assessment (DPIA) had to be approved by Information Governance to enable NIECR review.

## Contact

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## Conclusion

The QI process allowed us to systematically examine our processes and review data. We had six data points to establish the baseline (limited due to delay getting Information Governance approval).

However, following three interventions/PDSA cycles a shift signified a signal of change as per run chart rules and therefore the median was adjusted.



# Reducing Opioid Prescribing in Post-Surgery Ankle Fracture Patients

**AIM:** To reduce the number of patients requesting a repeat prescription for an opioid from their GP, within eight weeks post-surgery for ankle fracture in CAH, by 25% between April and July 2024.

Opioids are high risk medicines associated with patient harm if used inappropriately or for a prolonged time. Commonly prescribed opioids include codeine, oxycodone, morphine and tramadol.

Within the Southern Trust, the Trauma and Orthopaedic wards generate the largest number of prescriptions for opioids. Ankle fractures are associated with high levels of pain and therefore most ankle fracture patients are prescribed an opioid to help with pain management.

The project centred on reducing the avoidable harm associated with opioids, promoting patient and clinician education around risks and non-pharmacological pain management techniques.

## Understanding the Problem



- 52% of patients indicated they required additional pain medication from their GP after discharge;
- 48% of patients indicated they got an additional prescription for codeine/co-codamol, 9% for oxycodone;
- 85% of GPs reported the quality of information communicated on the risks of opioids was **poor or very poor**;
- 57% of patients indicated they were still taking pain medication for their ankle fracture up to 8 weeks post discharge.

## Stakeholder Engagement

- GPs – Conducted pre- and post- surveys with GP colleagues to better understand shared decision-making processes and communication across the patient journey. Later a presentation on our change ideas was given for GPs to inform the design and content;
- Service Users – Pre- and post-intervention engagements through surveys, phone calls and in clinic. Co-design of information resources with the help of our PPI Team;
- Trauma & Orthopaedics Staff – Physiotherapist and Pharmacy engagement through education workshop and informal project updates;
- Regional Colleagues – Shared learning and feedback from regional colleagues facilitated through the HSCQI Medication Safety Collaborative.

## PDSA Cycles

### Patient Information Leaflet (PIL)

- Designed and distributed for patients undergoing surgery for ankle fracture. Subsequent cycles informed by feedback from PPI involvement and from staff and GPs.



**Aim achieved: 25% reduction number of patients requesting repeat prescriptions for an opioid from their GP.**

# ↓ 25%

## Staff Education Sessions

- Hosted in December 2023 to improve understanding among physiotherapists and pharmacists of non-pharmacological pain management strategies. Positive feedback, no subsequent cycles required.

## Primary Care Resource Pack (PCRP)

- Online resource developed on PageTiger hosting the patient information leaflet, guide to suggested pain management and signposting. Cycles informed largely with GP input.

## Conclusions & Learning

- Primary care are keen for secondary care to initiate discussions with patients around expectations of pain and risks associated with opioid use;
- Project team started these discussions in secondary care by developing an information leaflet and completing counselling with patients prior to discharge;
- Aim to reduce repeat prescribing of opioids in ankle fracture patients was achieved (from 52% of patients requesting repeat prescriptions to 27%);
- However issues with data collection encountered during the project. Difficult to engage patients to complete the survey. Higher number of patients would have been preferable;
- Large number of questions in survey made data difficult to interpret. Fewer questions focused on outcome measures would have been better.

## Next Steps

- Formally launch Primary Care resource pack and ensure ease of access;
- Further PDSA: to embed the PageTiger link into the Primary Care resource pack on the discharge letter;
- Follow up monitoring of Service Users and Primary Care colleagues to measure the usefulness of our interventions;
- Identify timely data collection methods – i.e. phone call at 12 weeks;
- Spread implementation of the patient information leaflet and Primary Care resource pack beyond ankle fracture management.



## Contact

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# 'Joint effort' Reducing persistent post-operative opioid use (PPOU) in primary knee patients

**AIM:** Reduce the number of opioid naïve patients, who have had primary knee replacement surgery, in Musgrave Park Hospital, still on opioids three months post-op, by 20% between 31st January and 31st August 2024.

The clinical setting for this Quality Improvement (QI) project was Primary Knees MPH, focused on reducing the percentage of opioid naïve patients who continue to take opioid analgesia three months after undergoing a total knee replacement. The surgery and opioids best practice guidelines state that opioids started in the perioperative period, should not be continued unnecessarily (RCOA, 2021).

Long term use of opioids is associated with an increased risk of falls, immune suppression, endocrine abnormalities and can lead to a state of abnormal pain sensitivity (opioid induced hyperalgesia). The project team applied QI methodologies to reduce the long-term dependence on opioids, which have been introduced as post-operative pain relief.

## Method

- Fishbone diagram used to understand the reasons for sustained post operative use of opioids for this cohort;
- Model for Improvement: Multiple PDSA cycles implemented;
- Driver diagram, seen in the poster, used to generate change ideas.

## Testing Change Ideas

Change ideas included:

- Non-pharmacological approach to pain: use of ice cuffs;
- All patients in project received these;
- Patient education leaflet on pain management;
- Consistent key messages from pain nurse and ward staff reinforcing.

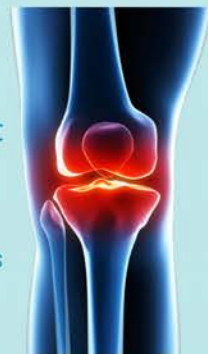


## Other Results/Benefits

- Immediate Discharge Summaries (IDS) show standards of information shared with Primary Care have improved;
- Healthcare professionals report algorithm has positive influence on their prescribing;
- Surgical discharge prescriptions: Pain Plan and Quantity of opioids dispensed now embedded practice for all surgical patient discharges in Antrim hospital.

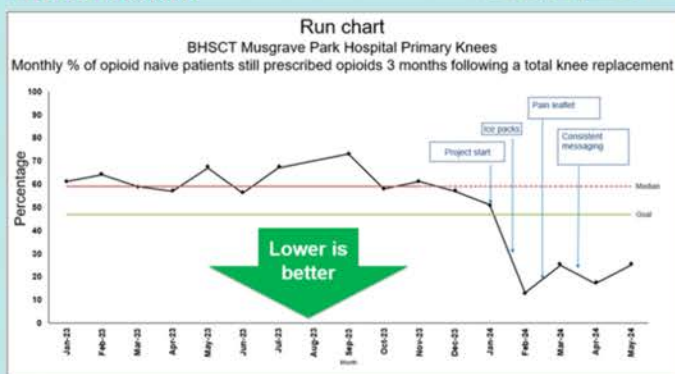
## Key Learning

- Process map to focus on patients pain experience;
- Limitations to pharmacy stock supply data;
- Benefits of clear communication of treatment plan on discharge;
- Use of Codeine 15mg tablets.



## Outcome Measure

Monthly % of opioid naïve patients discharged from Musgrave, still prescribed opioids at three month review.



## Balancing Measure

Monthly % of opioid naïve patients discharged from Musgrave, still prescribed opioids at three-month review.

## Unintended Consequence

All major joint surgery patients received leaflet.

## Challenges

- Preparation and introduction of encompass divided focus on project;
- Delay in engaging QI mentor;
- Meeting regularly as a team while continuing to fulfil clinical roles.

## Key Learning

- Lived experience/feedback from patients to inform change success;
- Benefits of teamwork and building strong links to improve communication;
- Value of having a supportive QI mentor
- Use of data to illustrate improvement story.

## Results

- On average 66% reduction in the number of opioid naïve patients using opioids after three months.



## Service User Feedback



## Next Steps

- Refinement of discharge letter to GP;
- Prehabilitation: initial pre-op assessment to manage pain expectations;
- Continue to champion a culture of QI in Musgrave Park Hospital.

## Contact

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# Glossary



<b>HSCQI</b>	<p>Health and Social Care Quality Improvement: HSCQI is a Quality Improvement (QI) Network whose purpose is to provide a supporting infrastructure for quality, improvement and innovation across the NI HSC system. Working on the principles of: Learn together, Share together, Improve together, HSCQI is focused on building will, relationships and connections across system and professional boundaries. HSCQI aims to empower clinicians, professionals, support staff and service users, to participate in QI across the NI HSC system.</p> <p><a href="#">HSCQI</a></p>
<b>TMSNI</b>	<p>Transforming Medication Safety in Northern Ireland: 'Transforming medication safety in Northern Ireland' a 5 year strategy in response to the World Health Organisation's Third Global Patient Safety Challenge 'Medication without Harm'. The response sets out commitments to improve safe practices with medicines and support a medication safety culture within our population. The commitments have been informed and shaped by those who receive and deliver safe and effective care across NI.</p> <p><a href="#">TMSNI</a></p>
<b>Q2020</b>	<p>Quality 2020 is a ten-year strategy designed to protect and improve quality in health and social care in Northern Ireland. In 2011 the Quality 2020 (Q2020)</p> <p><a href="#">Q2020</a></p>
<b>PPI</b>	<p>Personal and Public Involvement: PPI is the term used to describe the active and meaningful involvement of service users, carers, their advocates and the public in the planning, commissioning, delivery and evaluation of Health and Social Care (HSC) services, in ways that are relevant to them.</p> <p><a href="#">Personal and Public Involvement (PPI)   HSC Public Health Agency</a></p>
<b>Versus Arthritis</b>	<p>Versus Arthritis are 10 million people living with arthritis. The carers, researchers, healthcare professionals, friends, parents, runners and fundraisers all united in their ambition to ensure that one day, no one will have to live with the pain, fatigue and isolation that arthritis causes.</p> <p><a href="#">Northern Ireland   Versus Arthritis</a></p>
<b>Healthy Living Centres Alliance</b>	<p>The Healthy Living Centre Alliance is a network of community-led health improvement organisations spread throughout the region. We specialise in social prescribing and pain support on a regional basis, providing support to our members in relation to mental health, food/nutritional health, smoking cessation and other core topics.</p> <p><a href="#">Healthy Living Centre Alliance   CommunityNI</a></p>
<b>IHI</b>	<p>Institute for Healthcare Improvement</p> <p><a href="#">Home   Institute for Healthcare Improvement (ihi.org)</a></p>
<b>QI</b>	<p>Quality Improvement</p>
<b>Model for Improvement (MFI)</b>	<p>The Model for Improvement is an AI tool for accelerating improvement. It comprises two key parts:</p> <ol style="list-style-type: none"><li>1: Three fundamental questions that drive all improvement: What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make</li><li>2: The Plan-Do-Study-Act (PDSA) cycle.</li></ol> <p>Combined, the three questions and the PDSA cycle form a framework to support continuous improvement.</p>
<b>Driver diagram</b>	<p>A driver diagram is a visual display of a team's theory of what "drives," or contributes to, the achievement of a project aim. This clear picture of a team's shared view is a useful tool for communicating to a range of stakeholders where a team is testing and working.</p> <p>A driver diagram shows the relationship between the overall aim of the project, the primary drivers (sometimes called "key drivers") that contribute directly to achieving the aim, the secondary drivers that are components of the primary drivers, and specific change ideas to test for each secondary driver. Primary drivers are the most important influencers on the aim, and you will have only a few; secondary drivers are influencers on (or natural subsections of) the primary drivers, and you may have many.</p>



**Fishbone diagram/  
tool**

Also known as a Cause and Effect diagramme can be used by teams to explore and record likely causes of problems.  
[QIToolkit\\_CauseandEffectDiagram.pdf \(ihi.org\)](#)

**Stakeholder analysis**

Stakeholder Analysis - used to identify, prioritise and understand key stakeholders.

**Six thinking hats**

The concept of the six thinking hats is often used as a comprehensive thinking process to enable teams and individuals to improve their problem-solving and decision-making processes.

**PIL**

Patient Information Leaflet

**F2F**

Face-to-face

**Process map**

Process Mapping - used to outline the sequential steps in a process.

**INFORM checklist**

A checklist developed by BHSCT ACOPS team for use at point of referral to the service to support the triage process. It has six domains: Information; Needs; Format; Ordering; Risks; and, Managing.

**Simple analgesics**

Medicines used to treat mild pain such as paracetamol and ibuprofen which can be bought at a supermarket or community pharmacy.

**NSAIDS**

Non-steroidal anti-inflammatory (NSAIDS) drugs are medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.  
[NSAIDs - NHS \(www.nhs.uk\)](#)

**SEU**

Surgical Elective Unit

**Opioid naïve patients**

Opioid naïve patients refers to those patients not currently taking any opioid medicines, including weak opioids or over-the-counter medicines containing opioids.

**Fishbone diagram/  
tool**

<https://www.ihi.org/sites/default/files/2023-09/IHIBreakthroughSerieswhitepaper2003.pdf>



SUCCESS

# SUCCESS

## Congratulations!



### ACHIEVE GOAL



- GOAL SETTING**
- S** Specific
  - M** Measurable
  - A** Achievable
  - R** Realistic
  - T** Timely

## KEEP ON THE GOOD WORK

### LEARN

### Set goals

### INSPIRE, EMPOWER, ENJOY

## FOCUS



### THE FUTURE IS BRIGHT



## KEEP FIGHTING

### NEVER GIVE UP

### You are DOING GREAT

**Medication Safety Opioid Improvement Collaborative Programme**

Sharing the Learning

19th September 2024  
Riddell Hall

## YOU'VE GOT THIS

### DREAM BIG DREAMS

### GO FOR IT

### YOU ARE AMAZING

### LET IT SHINE

### YOU CAN DO IT

### do your absolute BEST

### I CAN I WILL

### BELIEVE YOU CAN

## COLLABORATE





# Acknowledgements

**We would like to take this opportunity to express our gratitude to all those who contributed to informing, developing and delivering the HSCQI Opioid Improvement Collaborative Programme.**

**Firstly, thank you to all project team members for your endless enthusiasm and commitment to the programme. We also want to acknowledge the support provided by QI Mentors; Managers and Executive Sponsors; HSCQI Leads Network members; and, the endorsement of the HSCQI Leadership Alliance.**

**We also extend our sincere thanks to all those who contributed to the stakeholder engagement workshop and programme learning sets:**

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- Dr Aideen Keaney, Director, HSCQI Hub
- Professor Keven Vowles, Professor of Clinical Health Psychology Queen's University Belfast
- Dr Brenda Bradley, Pharmacy Lead, Medicines Management & Governance SPPG
- Tony Doherty, Regional Co-Ordinator, Healthy Living Centres Alliance
- Dr Pamela Bell, Chair of Pain Alliance NI
- Mary McBride, Pharmacy Advisor SPPG
- Dr Caren Walsh, General Practitioner, Medical Adviser SPPG and QI Lead Primary Care
- Dr Nicola Goodfellow, Senior Research and Innovation Programme Manager, Medicines Optimisation Innovation Centre (MOIC)
- Dr Glenda Fleming, Deputy Director, Medicines Optimisation Innovation Centre (MOIC)
- Natasha Moore, Pain Programme Coordinator, Healthy Living Centres Alliance
- Emmett Lynch, Senior PPI Officer, Personal and Public Involvement, PHA
- Bronagh Donnelly, Senior PPI Officer, Personal and Public Involvement, PHA
- Anna Lyons, Professional Engagement Manager Northern Ireland, Versus Arthritis
- Carle Blayney, Patient Voice Volunteers, Versus Arthritis Northern Ireland
- Mary Anderson, Patient Voice Volunteers, Versus Arthritis Northern Ireland
- Ruth Dales, Senior Improvement Manager, Medicines Safety Improvement Programme, NHS England
- Dr Niamh Blythe, GPST3 and GPARTS trainee
- Angela Carrington, Lead Pharmacist for Medication Safety, HSC Northern Ireland
- Anne Marie Groom, Pharmacy Adviser, Strategic Planning and Performance Group
- Dr Jason Brookes, Consultant Pain Medicine and Clinical Lead Chronic Pain Service, BHSC
- HSCQI and TMSNI Hub Teams

We greatly appreciate your generosity of time and commitment to impart invaluable knowledge and insights.

*Thank you!*



**"20 By 24"**  
**Mourne Family Surgery reduces Co-Codamol 30/500 prescribing by 20% in 2024**  
 Dr Laurence Dorman, Gemma Nicholls, Marie F...  
 Mourne Family Surgery

**Background**  
 Mourne Family Surgery, prescribing 30/500 Co-Codamol for 10 weeks from April 2024 to October 2024. A Risk Chart (Fig 1) illustrates the reduction in prescribing with the project.

**Aim statement**  
 Mourne Family Surgery will reduce the percentage of patients prescribed Co-Codamol 30/500 by 20% between April 2024 and October 2024.

**Methodology**  
 A multi-disciplinary project involving a pharmacist, a GP, and a practice nurse. The project aimed to reduce the percentage of patients prescribed Co-Codamol 30/500 by 20% between April 2024 and October 2024. The project involved a risk chart, a patient information leaflet, and a pharmacist-led review of prescriptions.

**Testing change ideas**  
 1. A patient information leaflet was tested for 2 weeks. 20% of patients were prescribed Co-Codamol 30/500 after 10 weeks.  
 2. A pharmacist-led review of prescriptions was implemented. A Co-Codamol 30/500 mg strength was reduced to 15/325 mg strength. This reduction was maintained to 3 weeks after the pharmacist-led review. 20% of patients were prescribed Co-Codamol 30/500 after 10 weeks.

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 BT41 9JZ

**HSCOI**  
**Reducing high strength opioid prescribing without simple analgesics for patients being discharged following long cancer surgery**  
 Cathleen O'Sullivan, Wendy SA, Royal Victoria Hospital Belfast Health and Social Care Trust  
 Belfast Health and Social Care Trust

**Introduction**  
 Long cancer surgery is often associated with significant post-operative pain and has been linked to a high risk of prolonged post-operative opioid use (Clemes et al., 2016). To help reduce opioid requirement it is recommended that we are best used in combination with paracetamol and non-steroidal anti-inflammatories (NSAIDs), where appropriate (NICE, 2018).

**Aim**  
 To reduce the number of opioid-naïve patients, who had long cancer surgery being discharged home from the Royal Victoria Hospital with a high strength opioid prescription, without simple analgesics, by 20% from beginning of October 2023 to end of June 2024.

**Methodology**  
 • Fishbone diagram (Figure 1) was used to study the current system.  
 • Driver diagram (Figure 2) was used to identify potential change ideas.  
 • Analysis of discharge medications completed and data collated.  
 • Baseline measure established % of patients who were discharged with high strength opioid analgesics (such as paracetamol) rather than being discharged with strong opioid analgesics.

**Figure 1: Fishbone diagram**  
 Figure 2: Driver Diagram

**Key messages**  
 • Education sessions for ward staff.  
 • Development and implementation of guidelines for prescribing discharge analgesia following best evidence.  
 • PDSA cycles were implemented to test change ideas.

**Results**  
 • Baseline median = 31%  
 • Special cause (SC) Week 21 (Apr 24) onwards, 9 data points below median.  
 • Suggestive of a change in prescribing practice.  
 • New median calculated = 2%.

**Figure 3: Run chart**  
 Figure 4: Pareto chart

**Figure 5: Patient feedback**  
 50% of patients indicated they had an excellent post-operative pain management experience.  
 40% of patients indicated they had a good post-operative pain management experience.  
 10% of patients indicated they had a poor post-operative pain management experience.

**Key messages**  
 • Education sessions for ward staff.  
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**HSCOI**  
**Reducing Codeine use in Antrim Hospital Surgical Elective Unit**  
 Stephen Toner (MHSC Principal Pharmacist), Lynn Bowcher (MHSC CD pharmacist), Anne Marie O'Brien (MPG Pharmacy adviser)

**Background**  
 Northern Ireland (NI) is the highest provider of total opioids (opioids) across the UK and inappropriate opioid use has been a concern for a number of years. Patients may be prescribed strong opioids following surgery including oral morphine and codeine. The initial audit indicated that around 40% of strong opioids were prescribed with the majority of these patients (80%) prescribed morphine, in-line with national targets. However, the use of codeine (oral opioid) in surgical patients remains a concern including the potential impact of drug tests used and delayed return to primary care. A quality improvement (QI) approach was implemented aiming to reduce codeine use within Antrim Hospital Surgical Elective Unit (SEU).

**Aim**  
 To reduce inpatient use and discharge supply of codeine by 20% in Antrim Hospital SEU between October 23 and August 24.

**Method**  
 • QI tools included: Driver diagram, stakeholder analysis, detailed measurement plan.  
 • Key stakeholders engaged in the development of a prescribing audit algorithm.  
 • Stakeholder engagement & buy-in.  
 • Data analysis: inpatient use & discharge supply of codeine obtained from pharmacy stock supply data.

**Other Diagrams**  
 Stakeholder Analysis, Algorithm, Patient Information Leaflet

**Testing Change Ideas**  
 • Treatment plan, an discharge communication.  
 • Patient information leaflet (PIL).  
 • Patient education leaflet (PEL).

**Results**  
 • Inpatient codeine use reduced by 20% between October 2023 and August 2024.  
 • Discharge codeine supply reduced by 20% between October 2023 and August 2024.  
 • Patient education leaflet (PEL) was developed and implemented.  
 • Stakeholder engagement & buy-in was achieved.

**Key Learning**  
 • Focus on patient pain experience.  
 • Limitations to pharmacy stock supply data.  
 • Benefits of clear communication of treatment plan on discharge.  
 • Use of Codeine Strong sales.

**Next Steps**  
 • Supporting and spreading change to a use of algorithm-led prescribing.  
 • Further analysis of codeine prescribing.  
 • Professional care engagement to reduce codeine use post-discharge.

**HSCOI**  
**Improving Opioid Prescribing in the Secondary Care Trauma and Orthopaedic Trauma Wards, Antrim Hospital**  
 Dr. Helen McKeown, Dr. Claire Tucker, Dr. Alice Condon

**Aim**  
 "To reduce the percentage of patients who remain on opioid medication at 6 weeks post discharge from the orthopaedic trauma wards, Antrim Hospital by 50% by 31st August 2024"

**Background**  
 Northern Ireland has the highest rate of post-operative opioid use in the UK. A significant proportion of patients prescribed opioids are not required for pain management and are prescribed for an extended period. This is a risk that patients are not required for pain management and are prescribed for an extended period.

**Method**  
 • The QI project focused on reducing the percentage of patients prescribed opioids at 6 weeks post discharge from the orthopaedic trauma wards, Antrim Hospital by 50% by 31st August 2024.  
 • The project involved a risk chart, a patient information leaflet, and a pharmacist-led review of prescriptions.

**PDSA Cycles**  
 1. Implemented discharge medication flow diagram, education, patient information leaflet, and education.  
 2. General practice education.  
 3. Patient information leaflet.

**Conclusion**  
 The project to confirm and sustain change. The value of collaborative cross-sector working. The benefit of education within the MDT, across the primary/secondary care interface, and increasing patient awareness.

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**HSCOI**  
**Reducing Opioid Prescribing in the Secondary Care Trauma and Orthopaedic Trauma Wards, Antrim Hospital**  
 Dr. Helen McKeown, Dr. Claire Tucker, Dr. Alice Condon

**Introduction**  
 Opioids are high on the list of controlled substances and are a key component of pain management. However, over-prescribing and long-term use of opioids can lead to addiction and other health issues. The project aimed to reduce the percentage of patients prescribed opioids at 6 weeks post discharge from the orthopaedic trauma wards, Antrim Hospital by 50% by 31st August 2024.

**Methodology**  
 • Fishbone diagram (Figure 1) was used to study the current system.  
 • Driver diagram (Figure 2) was used to identify potential change ideas.  
 • Analysis of discharge medications completed and data collated.  
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**Key messages**  
 • Education sessions for ward staff.  
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 • PDSA cycles were implemented to test change ideas.

**HSCOI**  
**Joint effort in reducing persistent post-operative opioid use in primary knee patients**  
 Dr. Helen McKeown, Dr. Claire Tucker, Dr. Alice Condon

**Background**  
 The clinical setting for the Quality Improvement (QI) project was Primary Knee MDT, focused on reducing the percentage of opioid-naïve patients discharged from MDT, still prescribed opioids at 6 weeks post discharge from the orthopaedic trauma wards, Antrim Hospital by 50% by 31st August 2024.

**Aim**  
 To reduce the percentage of patients who remain on opioid medication at 6 weeks post discharge from the orthopaedic trauma wards, Antrim Hospital by 50% by 31st August 2024.

**Methodology**  
 • Fishbone diagram (Figure 1) was used to study the current system.  
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**HSCOI**  
**How to empty the bath. A QI project to reduce Tramadol prescribing in Scotch Quarter Practice (SQP) Between Oct 23- July 24**  
 Project Team: Dr. Nancy Conroy GP, Dr. Claire Tucker GP, Claire McKeown Practice Based Pharmacist & Dr. Alice Condon GP ST3

**Background**  
 SQP report practice size 7200. Team of 4 GP Partners, 1 salaried GP, 2 practice based pharmacists (PBPs) and 1 practice nurse. The project aimed to reduce the percentage of patients prescribed Tramadol in Scotch Quarter Practice (SQP) between Oct 23- July 24.

**Aim**  
 To reduce the percentage of patients prescribed Tramadol in Scotch Quarter Practice (SQP) between Oct 23- July 24.

**Methodology**  
 • Fishbone diagram (Figure 1) was used to study the current system.  
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**Key messages**  
 • Education sessions for ward staff.  
 • Development and implementation of guidelines for prescribing discharge analgesia following best evidence.  
 • PDSA cycles were implemented to test change ideas.

**HSCOI**  
**Reducing opioid prescribing for non-inpatient patients and improving the management of assistance in Bear Park homes**  
 Dr. Helen McKeown, Dr. Claire Tucker, Dr. Alice Condon

**Background**  
 Opioids are high on the list of controlled substances and are a key component of pain management. However, over-prescribing and long-term use of opioids can lead to addiction and other health issues. The project aimed to reduce the percentage of patients prescribed opioids at 6 weeks post discharge from the orthopaedic trauma wards, Antrim Hospital by 50% by 31st August 2024.

**Methodology**  
 • Fishbone diagram (Figure 1) was used to study the current system.  
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**HSCOI**  
**Carryduff Surgery and Versus Arthritis: Creating a Community of Practice for People Living with Chronic Pain**  
 Dr. Helen McKeown, Dr. Claire Tucker, Dr. Alice Condon

**Background**  
 Chronic pain is a complex and common condition. There is a growing body of evidence indicating that some patients can learn through prescription-free tools to manage chronic pain. It is more likely that a drug-related pain in Northern Ireland will be linked to a prescription medication. Carryduff Surgery is committed to providing comprehensive, high-quality pain care for all patients. The project aimed to create a community of practice for people living with chronic pain.

**Aim**  
 To reduce the percentage of patients who are on opioids for non-emergency pain by 50% by April 2024.

**Methodology**  
 • Fishbone diagram (Figure 1) was used to study the current system.  
 • Driver diagram (Figure 2) was used to identify potential change ideas.  
 • Analysis of discharge medications completed and data collated.  
 • Baseline measure established % of patients who were discharged with high strength opioid analgesics (such as paracetamol) rather than being discharged with strong opioid analgesics.

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**Key messages**  
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**We hope you take the opportunity to view the QI Posters on display today.**

**WELCOME**

**DO NOT**





