

# Reducing Opioid Induced Constipation

Quality Improvement Scientific Symposium 18 October 2016

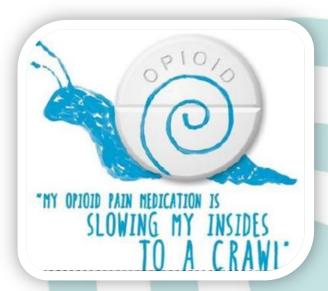


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#### Problem

- Opioid induced constipation in older adults
- Unreliable co-prescribing of laxatives with opioids
- Inconsistent bowel function documentation and monitoring in nursing notes.





#### • Aim

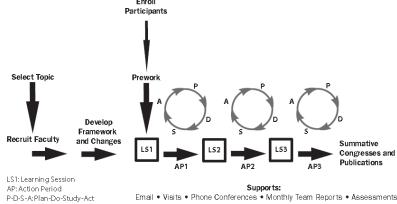
 MidCentral DHB will reduce opioid induced constipation by 50% from baseline [13% – 6.5%] in the older adult and rehab ward by 30th June 2016.





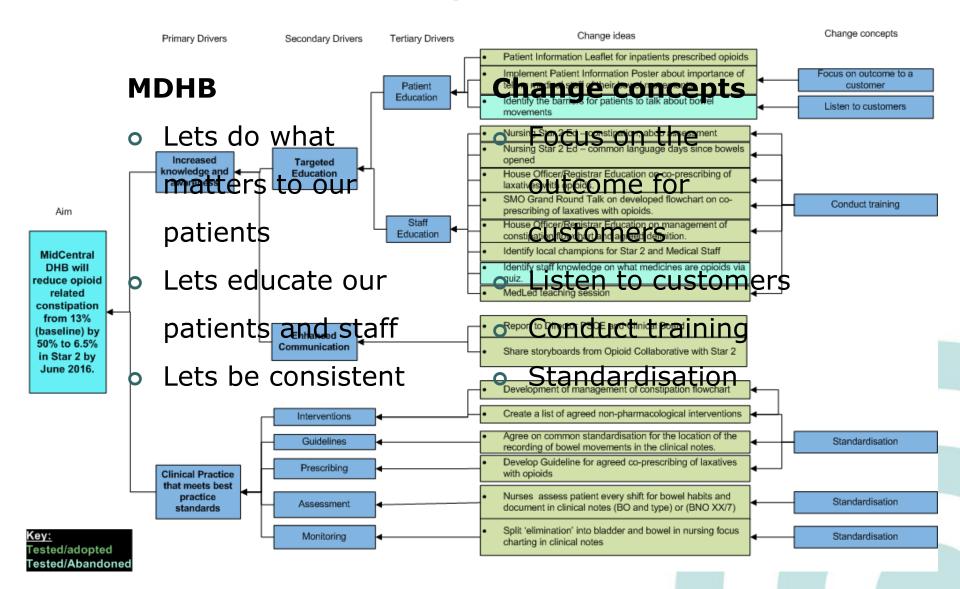
# Methodology

- MidCentral DHB participated in the formative national collaborative facilitated by HQSC 'Safe use of opioids'
- Breakthrough series (IHI)
- Changes implemented with Plan-Do-Study-Act cycles following the Model for Improvement methodology.





# **Driver Diagram**





#### Interventions



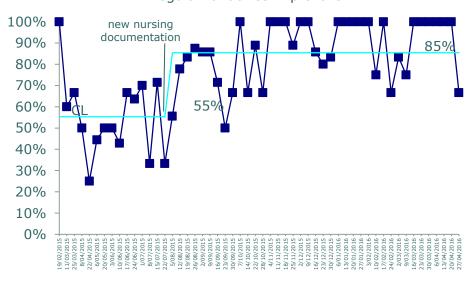
- Nursing notes, format: BO / Type
   Bristol Stool Chart, or BNO X/7
   days
- Patient posters 'There's no need to rush, so check before you flush'
- Staff Education
- Patient information
- Guideline for the prevention and management of constipation for patients on opioids.



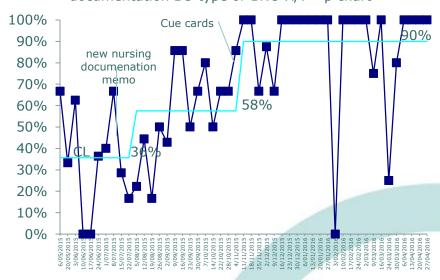


#### Process measures





#### % of pts on regular opioids with nursing documentation BO type or BNO X/7 - p chart

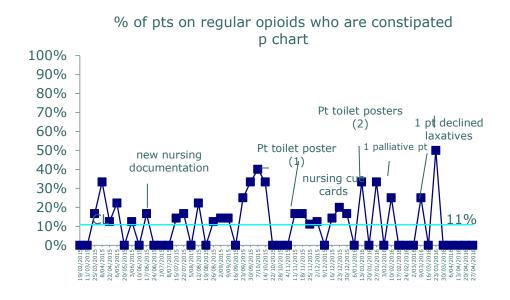


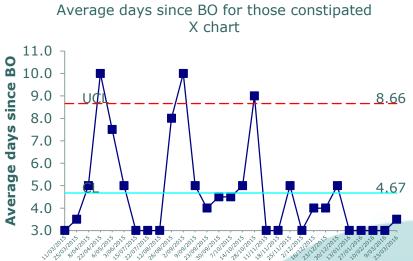
Co-prescribing improved from 55% to 85%

Nursing documentation improved from 36% to 90%



#### Outcome measures





Reduction of constipation from 13% to 11%

Severity of constipation reduced from 5.67 days to 4.67 days



# Challenges & lessons learnt





### Discussion

