**Quality Improvement Activity**

**Start date: End date:**

Improve Opioid Management & Reduce Risk

**Practice/team name:**

**Specific**

Provide a clear description of what needs to be achieved.

**Measurable**

Include a metric with a target that indicates success.

**Achievable**

Set a challenging target but keep it realistic.

**Relevant**

Keep your goal consistent with higher-level goals.

**Time-Bound**

Set a date for when your goal needs to be achieved.

**QI Activity Lead:**

Improve the management of patients being prescribed high dose opioids and reduce risk to the patient, practitioner, and the practice.

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

What change can we make that will result in an improvement?

Run clinical reports to identify patients at risk of harm due to opioid prescribing.

Use practice recall system to seek medication review appointments for patients being prescribed ≥100mg MED.

Use Walrus/Topbar to alert practitioners that patient is being prescribed ≥100mg MED and thus, requires medication review.

Further education for GPs regarding safe and appropriate opioid prescribing, methods to taper opioid dose, or commence opioid replacement therapy. GPs to use opioid prescribing tools to improve safety of their opioid prescribing. Devise and implement practice policies and procedures regarding prescribing drugs of dependence.

To reduce risk to patients, practitioners and the practice by performing medication reviews on ​<enter measurable indicator e.g. 20%>​ of patients being prescribed doses of opioids ≥100mg morphine equivalent dose (MED) per day (excluding oncology and palliative patients) by ​<enter a date>.​

**QI Activity Team:**

**Benchmark:**

What is our current data saying?

* Name/Role
* Name/Role
* Name/Role
* Name/Role
* Name/Role

Practice staff will use clinical software to identify and recall patients being prescribed opioid medications ≥100mg MED. GPs will review these at-risk patients with a view to tapering dose to <100mg MED or commencing opioid replacement therapy (ORT) where appropriate.

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

Consult with the WVPHN practice facilitator, develop a plan of action and present it at staff meetings.

Form a QI team, discuss workflow and allocate roles & responsibilities. [ideally – practice manager (can include WVPHN practice facilitator) and at least one GP, nurse and admin staff.]

QI lead to extract baseline data from practice software using data extraction tool.

Develop and implement a [practice policy](https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Drugs%20of%20dependence/Part-C1-Opioids-Clinical-Governance.pdf) for prescribing drugs of dependence (Standards for general practices 5th edition).

Develop [patient opioid agreements](https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Drugs%20of%20dependence/Part-C1-Opioids-Clinical-Governance.pdf)/contracts to be used at reviews for high-risk patients.

GPs to participate in further education regarding safe opioid prescribing and management of at-risk patients.

*Analyse and learn from the results*

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

Run reports using clinical software to identify patients being prescribed opioids ≥100mg MED (excluding oncology and palliative patients). Assistance can be provided by the PHN.

Provide GPs with a list of their patients being prescribed opioid medications ≥100mg MED.

Use clinical software to recall patients for GP review.

Enter message in Walrus/Topbar to alert GP that ‘patient is being prescribed opioids ≥100mg MED. Please review medications.

*Analyse and learn from the results*