Academic Health Science Network
North East and North Cumbria

OUCh – Opioid Use Change Case Study

Context

Dr Kirstie Anderson, Newcastle upon Tyne NHS Hospitals Foundation Trust has responded to the patient safety risk associated with inappropriate opioid prescribing by working with the trust pharmacy team to develop an online education tool and resources to support and highlight the issues to prescribers.

6% of all hospital admissions relate to prescription drug side effects and opioids are one of the commonest drug categories to cause side effects. Within the North East there are higher rates of accidental death due to prescription opioids than elsewhere within the UK.

Opioids are important for acute pain relief, however, the side effects of longer term high dose opioids have been demonstrated to outweigh the benefits and there is a need to safely manage opioid prescriptions and where appropriate, deprescribe.

The challenge

Acute pain relief is often started appropriately in hospital but without a clear instruction for a stop date for the patient and primary care prescribers on discharge.

A hospital admission offers an opportunity to safely review and adjust opioids prescriptions, educating the patient about better pain management options.

These measures will improve patient safety and decrease risk of readmission, accidental overdose and improve operative outcomes. This requires education and behaviour change for both patient and prescriber.

The solution

The project had two aims:

1 **To develop and evaluate the outcomes of an online educational tool about safe opioid prescribing for hospital prescribers.**

2 **To understand the reasons for inappropriate prescribing and barriers to change.**

Therefore a 5 minute video was made (Opioid Use Change – OUCh) A short, online, knowledge based quiz was used which was to be completed by the prescriber, before and after viewing the video. This was to evaluate the impact of the video on knowledge of opioid side effects, understanding and barriers to deprescribing and took 1-2 minutes to complete. Supporting posters, leaflets for patients and health professionals were also developed.

The primary outcome was to measure the impact on education, understanding and prescribing behaviour. The secondary outcomes were the impact on the long term total opioid dose of those who were on opioids during admission.

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The results

The educational video was initially iterated across a wide range of health professionals on four wards before widespread use and included numerous medical students, pharmacists and junior doctors.

The results of their completed surveys were reviewed. A more extensive service evaluation was then carried out during the foundation and IMT trainees mandatory training where the intervention could be delivered within their online training and responses gathered immediately.

All discharge summaries were reviewed for two weeks before the intervention and then for a two week period after the intervention to look in detail at those who were discharged home on opioids.

Overall confidence ratings towards opioid prescribing improved and the participants demonstrated increased knowledge in safe opioid prescribing after the video.

Participants learned that the responsibility of opioid prescribing should be shared with the GP, that long term opioid use can be addressed during inpatient stays, and that patient discussions prior to discharge are vital.

In some areas, there may be a need for further support e.g. weaning plan if appropriate or discussion of dependence.

A real life patient story embedded within the video was considered a particularly effective part of the intervention.

The online approach helped to make the educational tool more accessible to busy prescribers and covid-proof for teaching.