



# OPIOID PRESCRIBING IN PATIENTS WITH CANCER

## NEMICS Service Improvement Project

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Austin Health

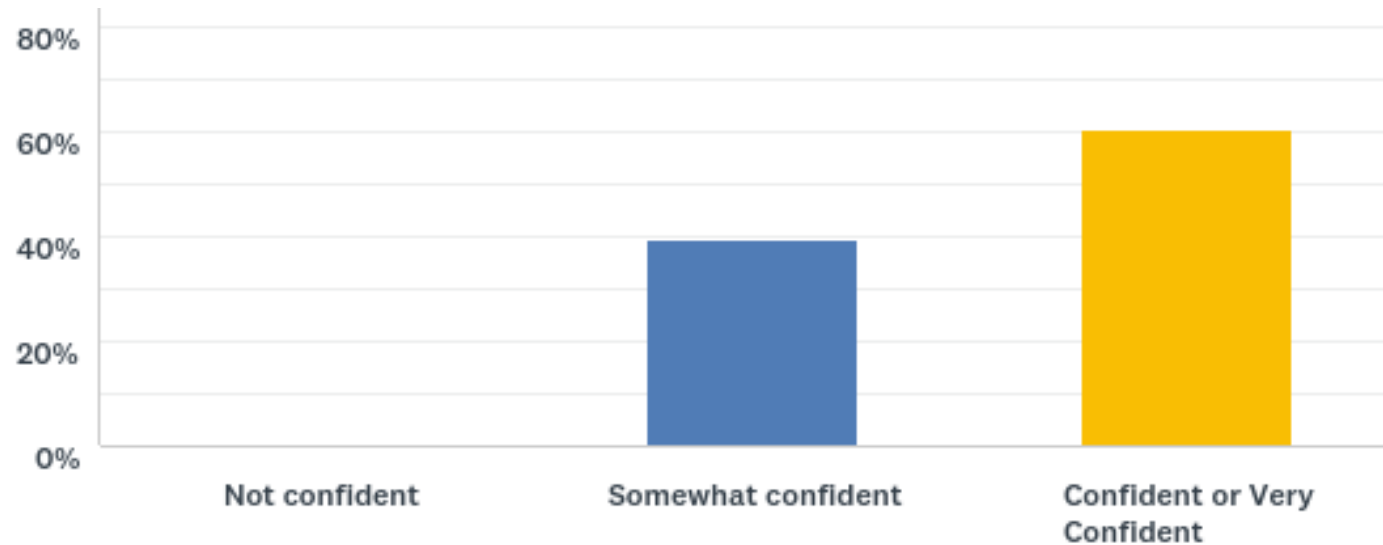
# BACKGROUND

## Aims:

- Identify opioid prescribing patterns
- Understand staff perceptions and knowledge
- Improve opioid prescribing through education

# SURVEY

How confident are you when prescribing/administering short-acting opioids?

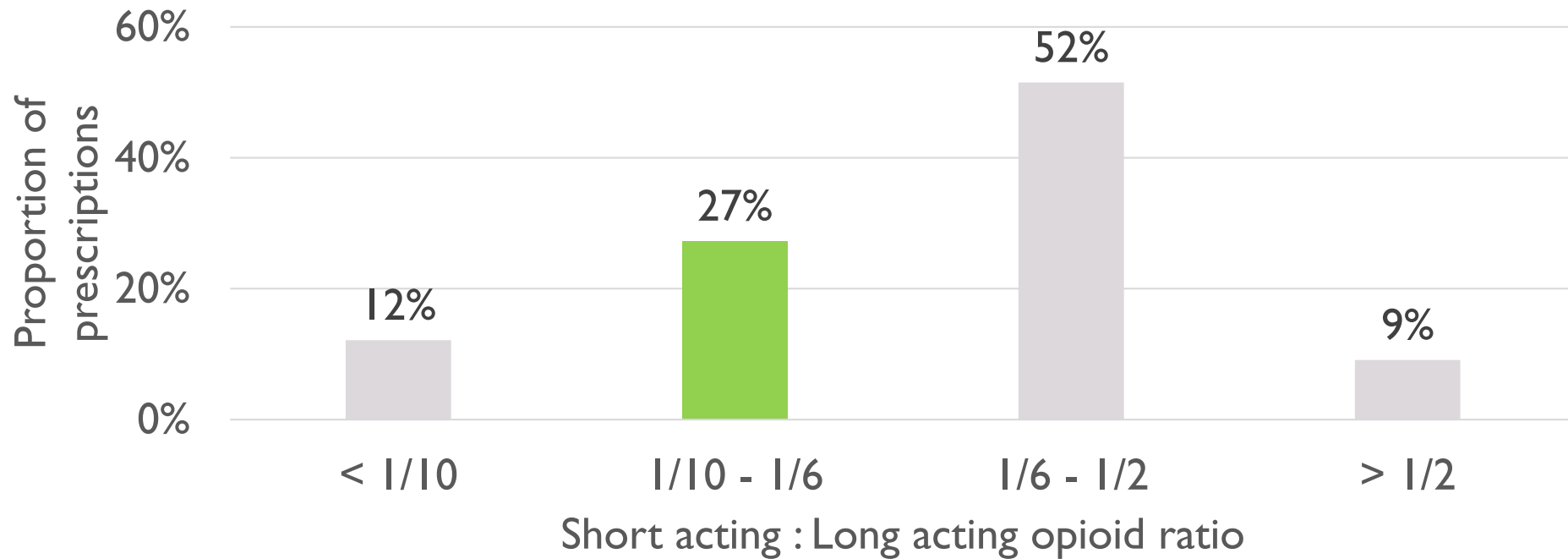


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# SURVEY

	Medical	Nursing	Pharmacy
<b>Main concerns</b>	1. Constipation 2. Dependence	1. Constipation 2. Respiratory depression	1. Misuse/diversion 2. Constipation
<b>Learning needs</b>	1. Non opioid alternatives for analgesia 2. How to de-escalate	1. Appropriate dosing of long/short acting opioids 2. Opioid use in oncology	1. How to de-escalate opioid use 2. Opioid use in oncology

## OPIOID PRESCRIPTIONS - BASELINE



Nov 2017 – Feb 2018

# INTERVENTION

## Education sessions:

- **Medical:** Medical Grand Rounds, Cancer Grand Rounds, HMO teaching, General Medicine interns, Oncology Registrar orientation, Intern orientation
- **Nursing:** oncology ward in-services
- **Pharmacy:** targeted pharmacist group
- **All:** Opioid Round Table forum



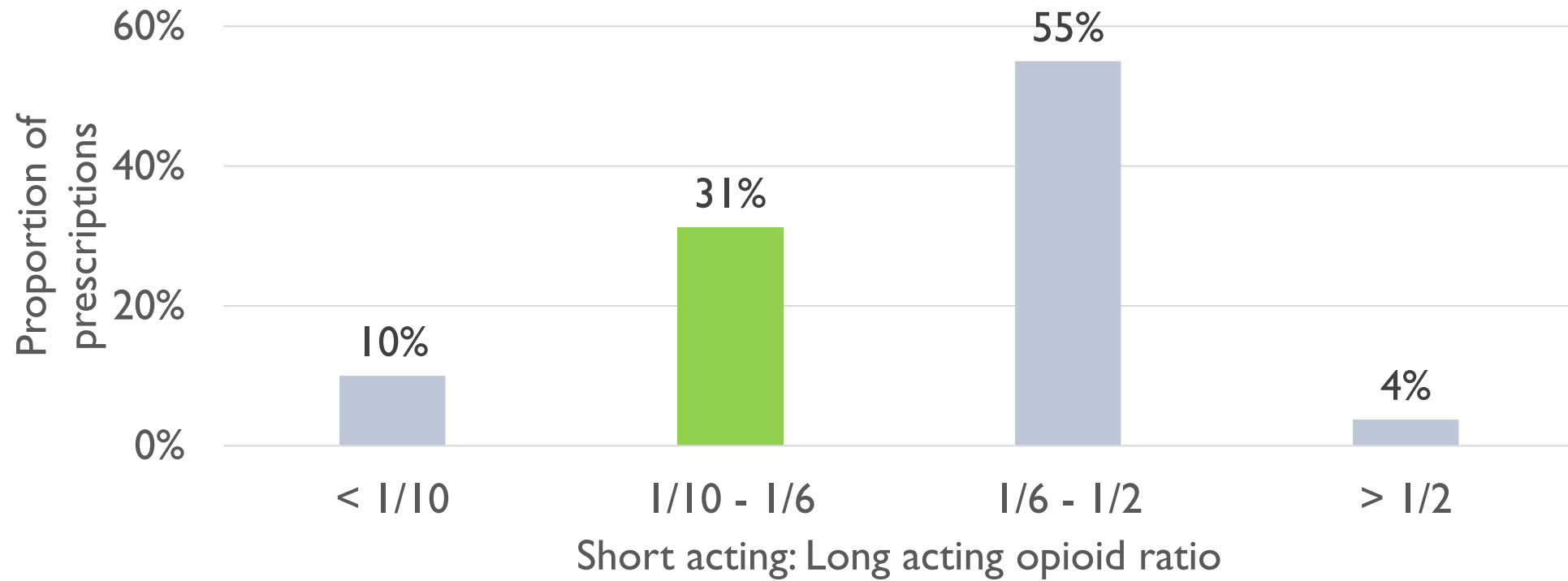
## Information sheet

- Emailed to all oncology residents



Oct 2018 – Jan 2019

# OPIOID PRESCRIPTIONS - POST INTERVENTION



Jan 2019 – Mar 2019

# CONCLUSIONS

- All members of the multidisciplinary team can influence opioid use
- Education is important.. But not enough?
- Pain management in cancer patients is complex
- Need to inform patients



## NEXT STEPS



CERNER PROMPT



CONSUMER  
RESOURCE



CLINICAL  
RESOURCE



COLLABORATION  
WITH MEDICINE  
OPTIMISATION  
SERVICE