



A NICE standard-based clinical audit eliciting patient knowledge and information transfer with regard to taking oral opioids in palliative care.

Holloway JD¹, Taubert M²

¹ Year 4 Peninsula Medical Student. Contact: James.Holloway@students.pcmd.ac.uk

² Palliative Medicine Consultant, Velindre Cancer Centre, Cardiff.

Background

The National Institute For Clinical Excellence (NICE) states that patients on strong opioids should be provided with written **and** verbal information about their pain relief and indicate which aspects of communication should be covered. NICE have set a list of key criteria that should be discussed when first prescribing opioids (CG140 Opioids in Palliative Care) and have made an audit tool available on their website.

Method

1. Aim: to measure healthcare professional ↔ patient information transfer with regard to using oral morphine (MST, Oxycontin)

2. Using the audit tool provided by CG140 a survey of 40 inpatients in total at Velindre Cancer Centre was conducted.

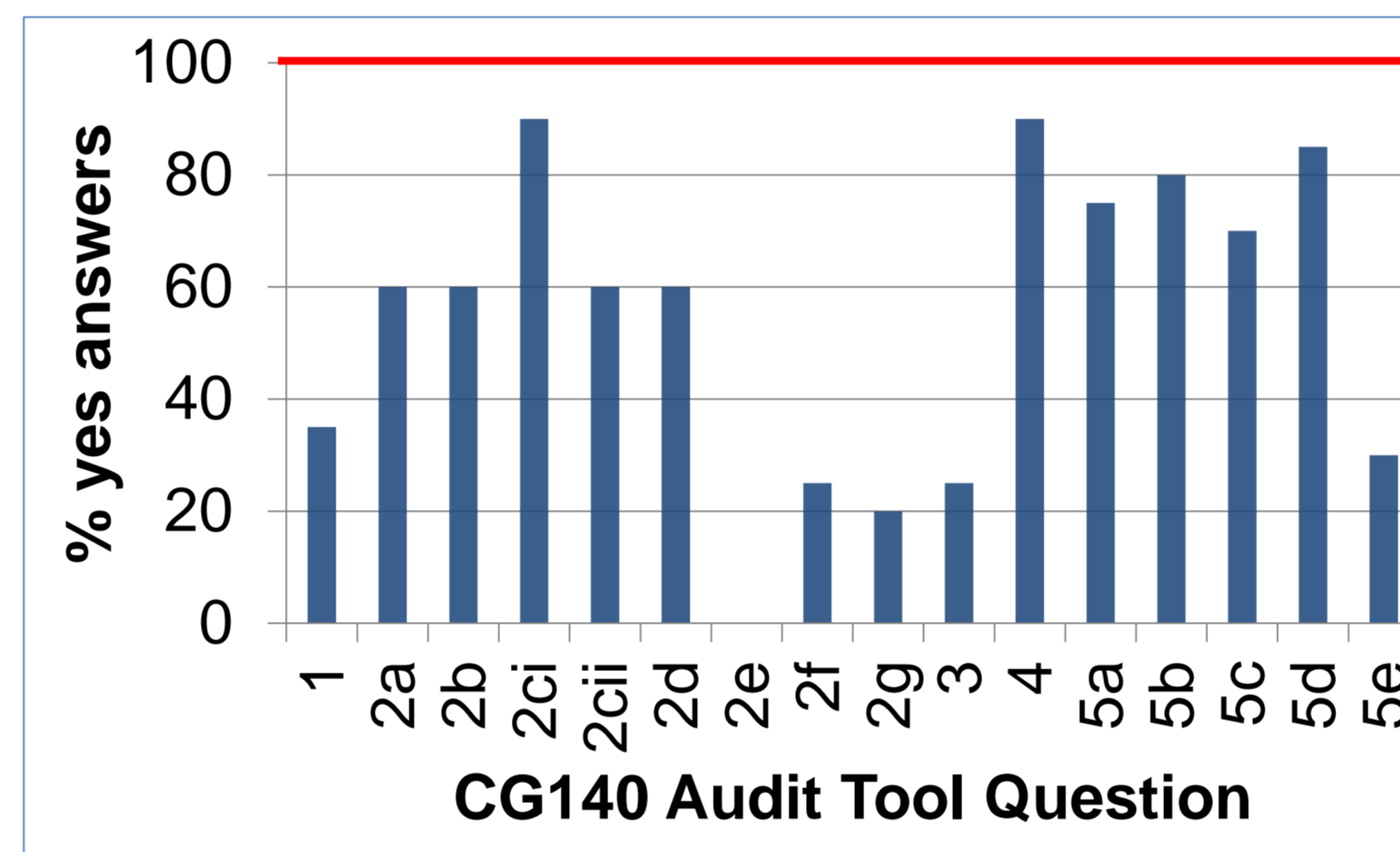
3. Patients were selected at random throughout. Patients were excluded from the audit if they lacked capacity or were in the terminal phase of life.

4. An accredited patient information manual was used as the intervention after the first audit data collection to improve patient's understanding of their oral morphine

5. A second audit cycle was conducted (Using the same audit collection tool) to see if the Patient Opioid Manual improved patient's understanding.

1st Audit Cycle Results (only verbal information on opioids)

NICE have set high standards of 100% for their criteria, which we will use for the purpose of this audit. Below is a graph of percentage correct answers in the survey.

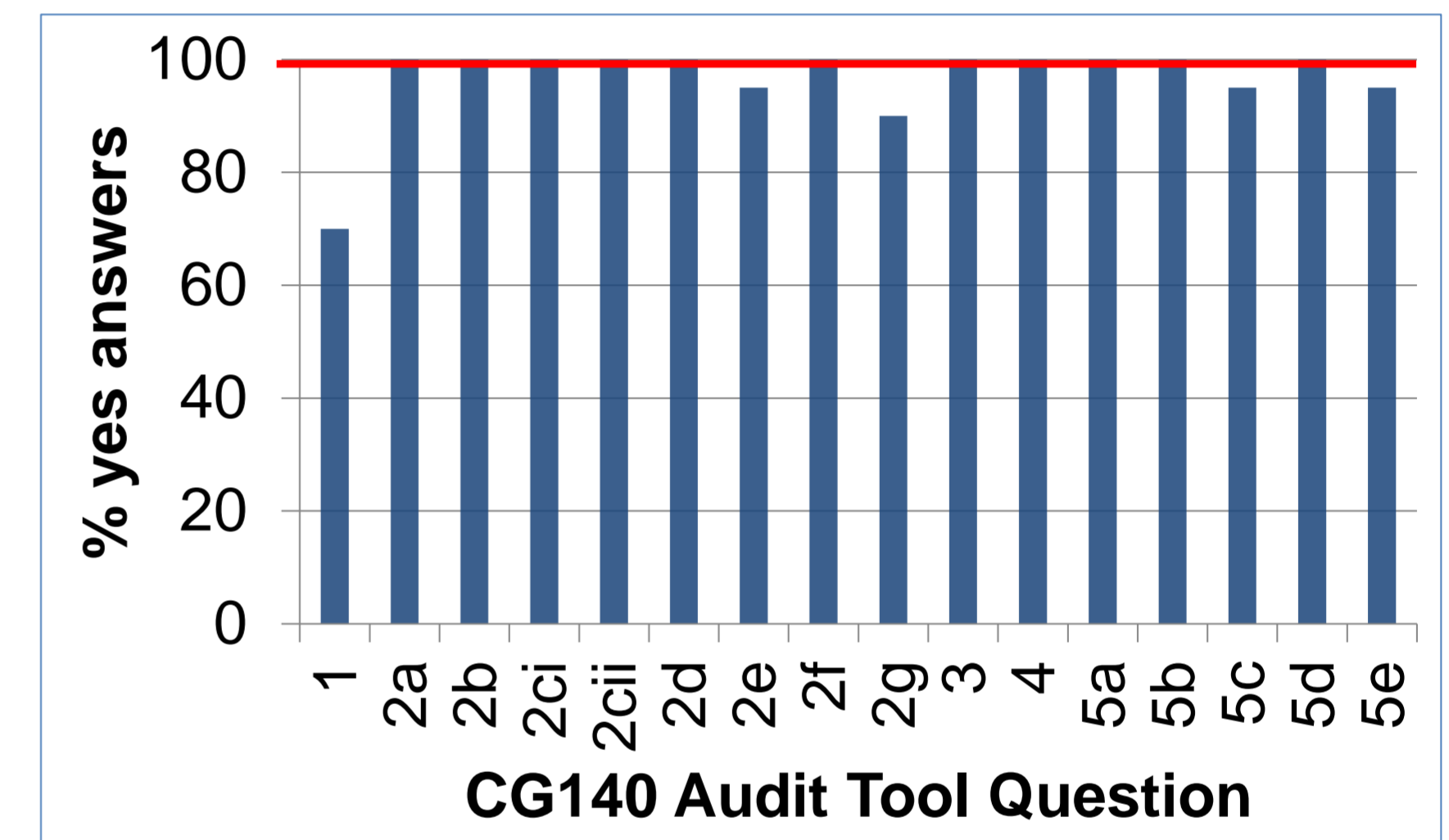


No	Question	Yes	No	NA/Notes
Communication				
1	Was the patient asked about concerns they may have about starting treatment?			
2	Was the patient told:			
A	• when and why strong opioids are used to treat pain			
B	• how effective they are likely to be			
C	• With regards to taking opioids for background and breakthrough pain, addressing:			
I	- how, when and how often to take them			
II	- how long pain relief should last			
D	• side effects and signs of toxicity			
E	• safe storage			
F	• follow-up and further prescribing			
G	• information on who to contact out of hours.			
3	Was this information also given in writing?			
4	Was the patient offered frequent reviews?			
Management of side effects				
5	Was the patient advised that:			
A	• constipation affects nearly all patients			
B	• treatment takes time to work and adherence is important			
C	• nausea may occur but is likely to be transient			
D	• mild drowsiness or impaired concentration may occur but is often transient			
E	• impaired concentration may affect ability to drive and undertake other manual tasks?			

2nd Audit Cycle Results (verbal and written information on opioids)

A NICE and AWMSG approved patient opioid manual was used as the intervention in this audit.

The opioid patient information manual (In English and Welsh) can be found on
 NICE: <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=627>
 AWMSG: http://www.awmsg.org/medman_patient_leaflets.html#



- The use of the patient opioid manual improved patients knowledge and understanding when compared to no intervention (p<0.01).
- Patient knowledge regarding side effects improved when compared to no intervention (p=0.016).
- Amongst the 40 patients 58% had their oral opioid started in the Velindre Cancer Centre, 30% in the community, 5% in another hospital and in 7% it was unclear.
- 77% of patients were on MST and 33% of patients were on Oxycontin as their long acting oral opioid.
- Hallucinations and addiction were raised as areas of concern by 2 patients and 5 patients respectively.