

The ABCs of M&M in a Family Health Team

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PURPOSE

- To develop, refine and evaluate a process (or protocol) for the conduct of systematic, valid, and efficient clinical topic audits in an academic family health team setting

CONCLUSION

- The same process can be applied to any topic audit

STEP E : Create a Paper-Based Data Collection Sheet

M and M audits data collection sheet - opioid prescribing

HFN: _____ PSS number: _____
 Age: _____ Gender: _____

Is the opioid prescribed for cancer pain? YES NO
 If Yes -> DONE

Is the opioid prescribed for something acute and time-limited? YES NO
 If Yes -> DONE

Is the FPU regularly prescribing an opioid for this patient? YES NO
 If No -> DONE

To view all treatment types click # or doubleclick on Rx
 Opioid #1 prescribed and dose: _____ Most recent date prescribed: _____
 Date started: _____

Opioid #2 prescribed and dose: _____ Most recent date prescribed: _____
 Date started: _____

Opioid #3 prescribed and dose: _____ Most recent date prescribed: _____
 Date started: _____

1A. Is there a documented condition for the use of opioids? (Grade A) YES NO
 1B. What is the condition? _____
 1C. Where was it documented? CFP progress notes

Decision to initiate opioid

2. Was the opioid first prescribed by FPU prior to EMR? YES NO
 If yes, move on to question 3

3A. Assessment of guidelines status documented? (Grade B) YES NO
 3B. Where was it documented? CFP progress notes

4A. Documentation of substance use history? (Grade B) YES NO
 4B. Where was it documented? CFP progress notes

5. Screening for addiction risk completed (Grade B) YES NO
 If screening done, what tool was used? _____
 6. Potential benefits, and risks explained to the patient (Grade B) YES NO
 Comments on which risks were documented: _____

7. Does this patient use benzos, ETOH or other sedating drugs? YES NO
 If yes, advised to avoid driving until on stable dose (Grade B) YES NO

Ongoing monitoring of opioid use

8A. Did someone outside of the FPU initiate the opioid use? YES NO UNKNOWN
 8B. When? _____

9. Is total morphine equivalent dose > 200 mg/day including PRNs (Grade A) YES NO
 10. Does the patient have documented comorbid psychiatric diagnosis
 - Depression, Schizophrenia, BPD, Dementia, anxiety
 If so, was the dose started lower and stratated slowly? (Grade B) YES NO

To find a narcotics contract type ctrl # and then view notes containing 'contract'
 11A. Is there a narcotics contract in the chart? YES NO
 11B. If there is a narcotics contract, where was it found? _____
 Comments: _____

Unanswered questions: _____

Systems issues noted: _____

Opioid Analgesic Conversion Table

	Equivalent to oral morphine 30 mg	To convert to oral morphine equivalent, multiply by	To convert from oral morphine multiply by
Morphine	30 mg	1	1
Codine	200 mg	0.25	4.00
Oxycodone	20 mg	1.5	0.667
Hydromorphone	8 mg	5	0.2
Megaredine	300 mg	0.1	10
Metadone and Tramadol		Morphine equivalent dose not reliably established	

STEP H: Knowledge Transfer and Exchange

- Report results of audit: newsletters, posters, Quality Corner, etc
- Make recommendations based on key findings
- Examples: New electronic reminders or stamps, different ways the EMR can make certain applications safer
- Seek input and feedback from the Family Health Team

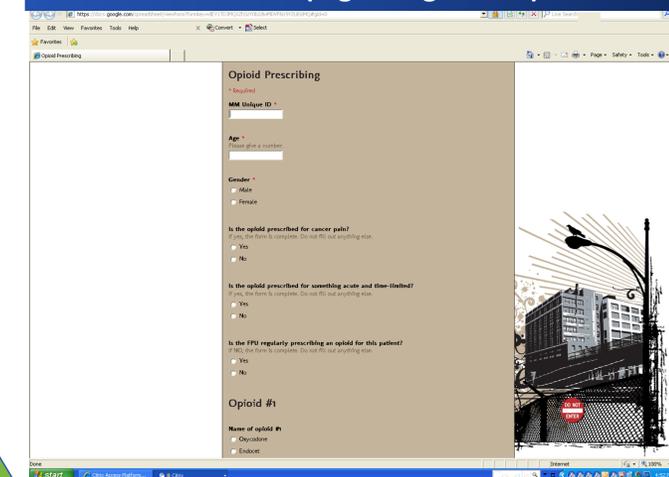
STEP G: Interpretation of the Findings

- Review the data as a group
- Discuss the meaning of the findings and possible explanations
- Brainstorm potential quality improvement opportunities
- Identify next steps

STEP F: Create Electronic Online Version of Data Collection (e.g. Google Docs)

- Pilot test online collection tool and tweak as needed
- Go live with online tool
- Aim for 20-25% of appropriate charts to be reviewed/patients to be sampled
- Google doc can display data entries as a spreadsheet which allows for data analysis and recognition of trends

STEP F: Create Electronic Online Version of Data Collection (e.g. Google Docs)



STEP E: Create a Paper-Based Data Collection Sheet

- Based on discussion/decisions from previous step
- Send electronically to group members for feedback and adapt accordingly
- Assign unique ID numbers to each patient found in Step 3
- Pilot test data collection sheet on 10-12 charts and make changes as needed
- Use the sheet for actual data collection from a small number of charts (~5%)

STEP D: Review of Appropriate Guidelines or Resources

- Decision made to only audit grade A and B recommendations from guidelines
- Recommended best practices from governing bodies (e.g. CFPC verbally recommended narcotic contract after routine audit although it's not in the 2010 guidelines)
- Agreed upon safe practices by the team

STEP C: Identify the Target Patient Population

- EMR search
- Notifications from hospital
- Patient surveys
- Collection of this data will have differing timelines depending on method of collection. May need to plan ahead for next audit.
- e.g. significant turn around time needed for patient surveys versus EMR search

STEP B: Choose a Topic to Review

- Can be suggested by team members
- Primary care trigger tools
- New guidelines/media attention
- For example:
 - Admissions
 - Electrolyte abnormalities
- Opioid use
- ER visits
- DVTs

STEP A: Creation of the Interdisciplinary Team

- Benefits of Interdisciplinary Team
 - Different areas of expertise
 - Knowledge of our 'system' from different perspectives
 - Training future family physicians
- Current Membership (fluctuates depending on resident availability)
 - RN (ED of the FHT)
 - 2 staff physicians
- 2 PGY2s
- 1 PGY1
- Pharmacist
- Research Associate
- Meets Monthly

SUNNYBROOK ACADEMIC FAMILY HEALTH TEAM...

- North Toronto community
- 13 MDs (3-7 clinics each per week)
- 6 Registered Nurses
- 0.5 Pharmacist
- 1 Social Worker
- 0.4 Registered Dietician
- 0.5 Care Coordinator
- Occupational Therapist and Nurse Practitioner still to be hired
- 24 Residents (12 PGY1 and 12 PGY2)
- 9500 rostered patients and 9000 unrostered patients