Reducing Rates of Opioid Induced Constipation: A Quality Improvement Initiative

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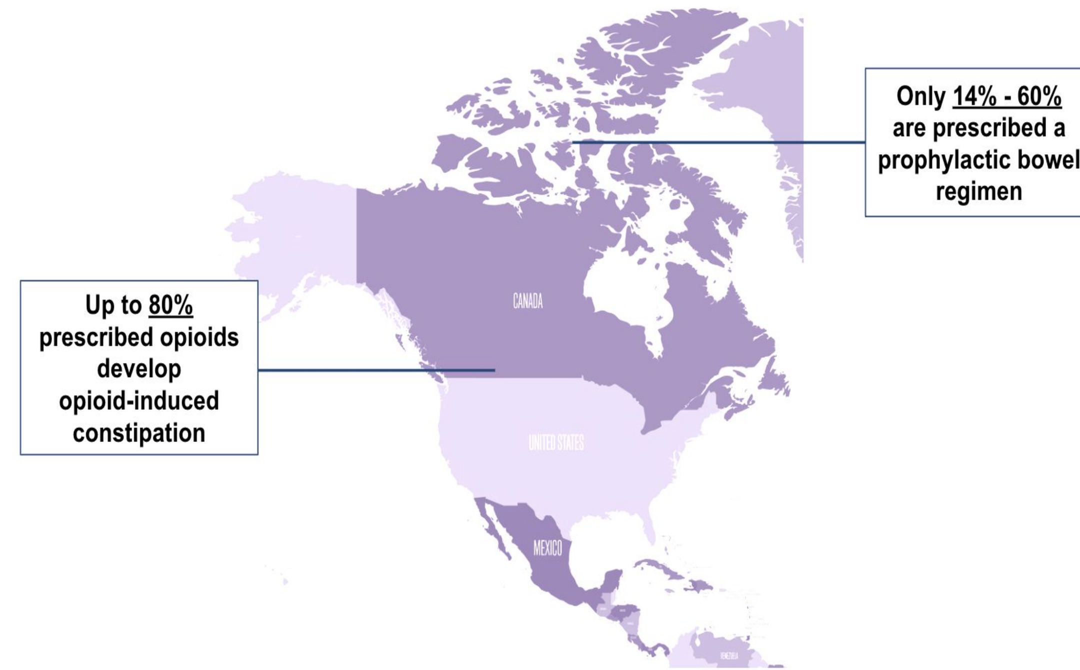
AIM Statement: By April 2024, we aim to increase the percentage of patients at the paediatric in-patient unit and PCCU at LHSC prescribed a prophylactic bowel regimen at the time of prescription of an opioid from 53% to 90%.

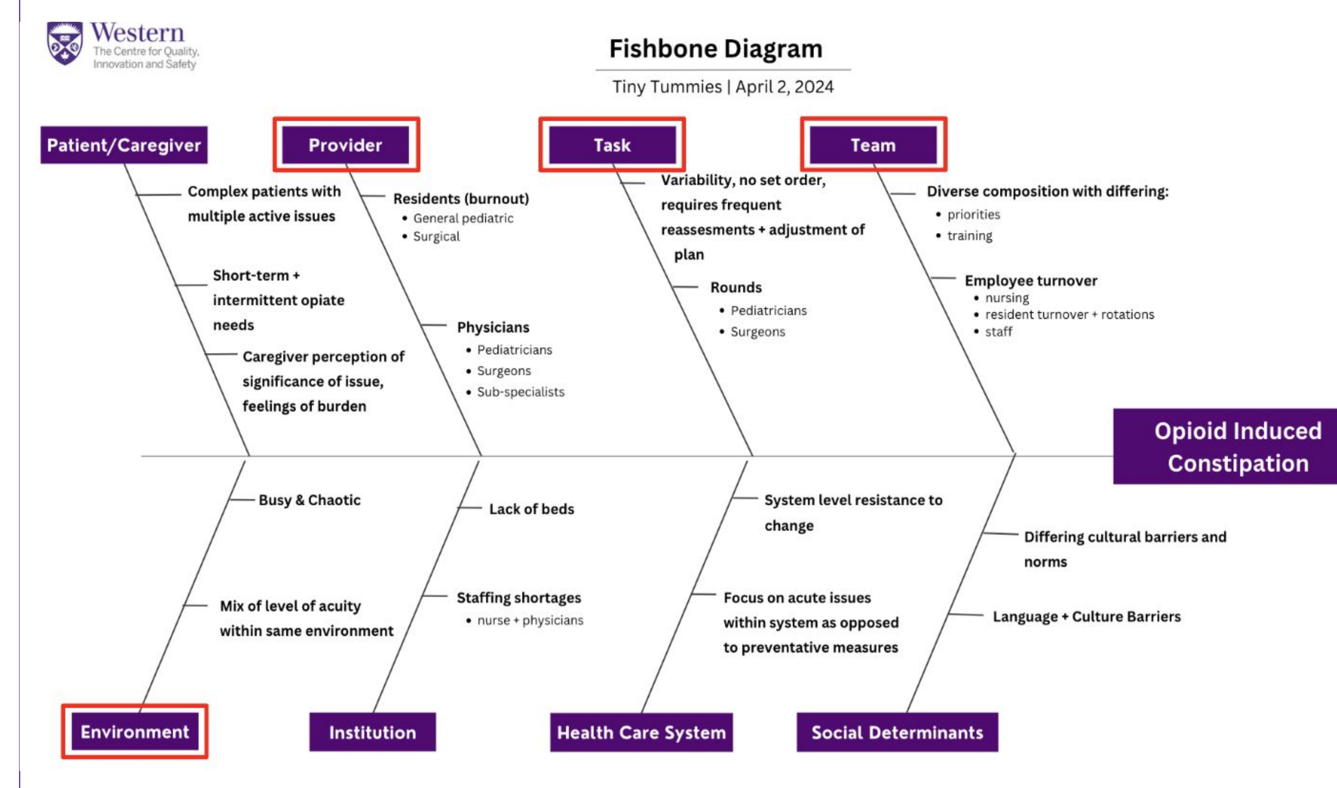
PROBLEM DEFINITION

Insufficient prescribing of bowel regimens for patients needing opioids exacerbates their distress, a problem we're striving to address due to its severity.

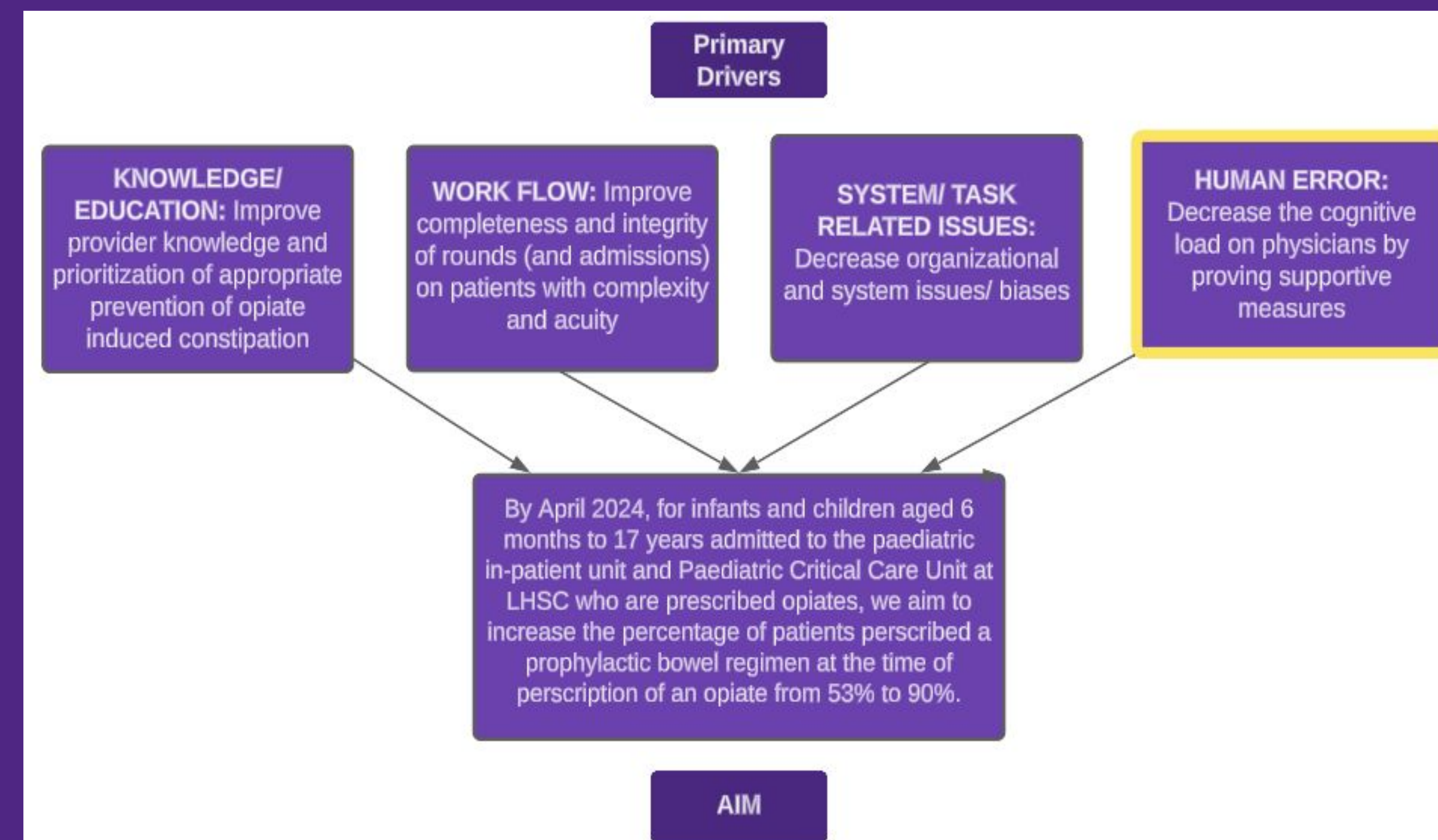


ROOT CAUSE ANALYSIS

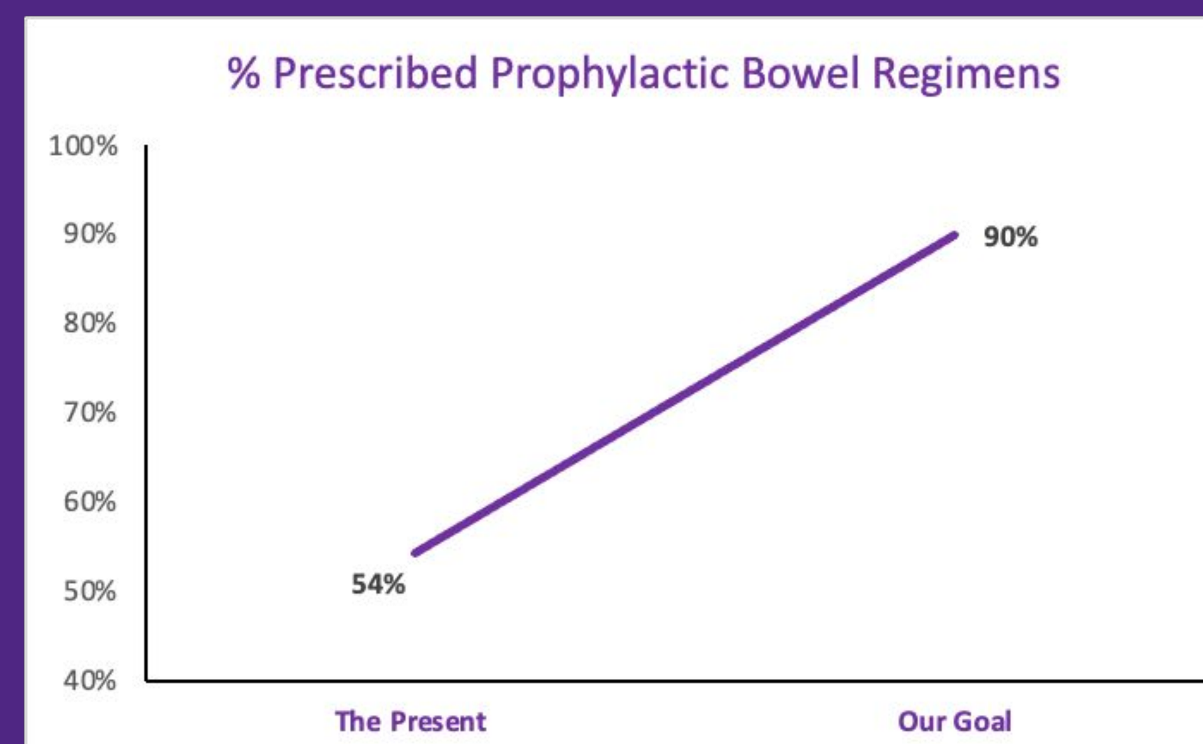
The Fishbone Diagram was crucial in pinpointing key areas that are contributing to the problem of opioid induced constipation. **Provider**, **Tasks**, **Team**, and the **Environment** in the hospital were singled out to be high contributors to the issue. They were specifically targeted with the interventions.



Overwhelming cognitive load on physicians rather than provider unawareness of the importance of a prophylactic bowel regimen is the primary driver for low rates of prescription.



A **1% increase** in prescribed prophylactic bowel regimens indicates the need for further changes to reach the 90% rate goal.



IMPLEMENTATION

Cycle 1: Education

Cycle 2: Posters & Awareness

Cycle 3: Bowel Regimen Order Set

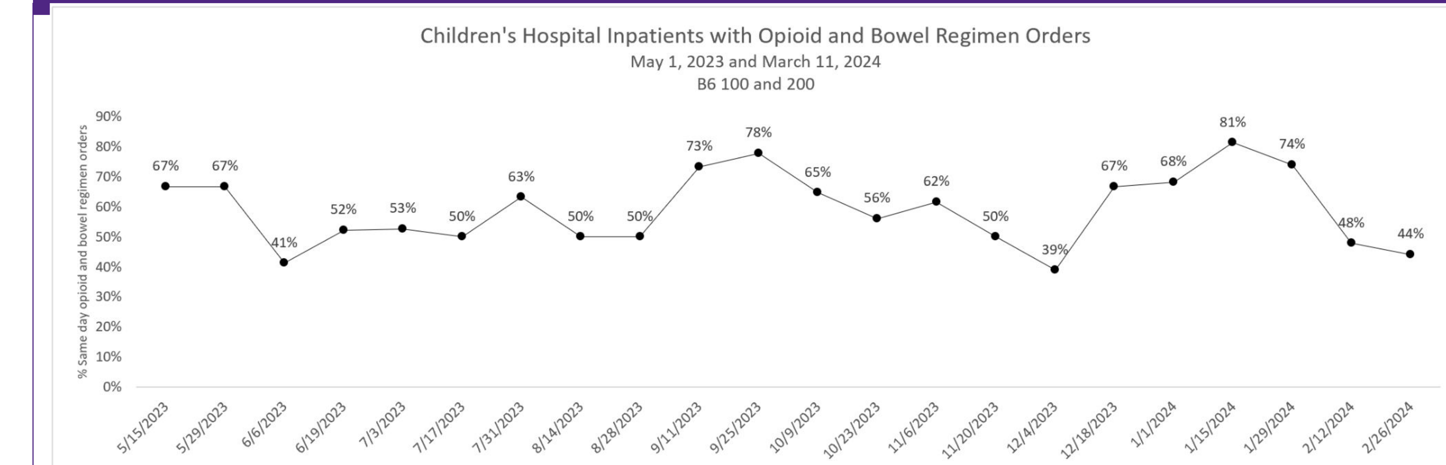
Ongoing, insufficient data to date

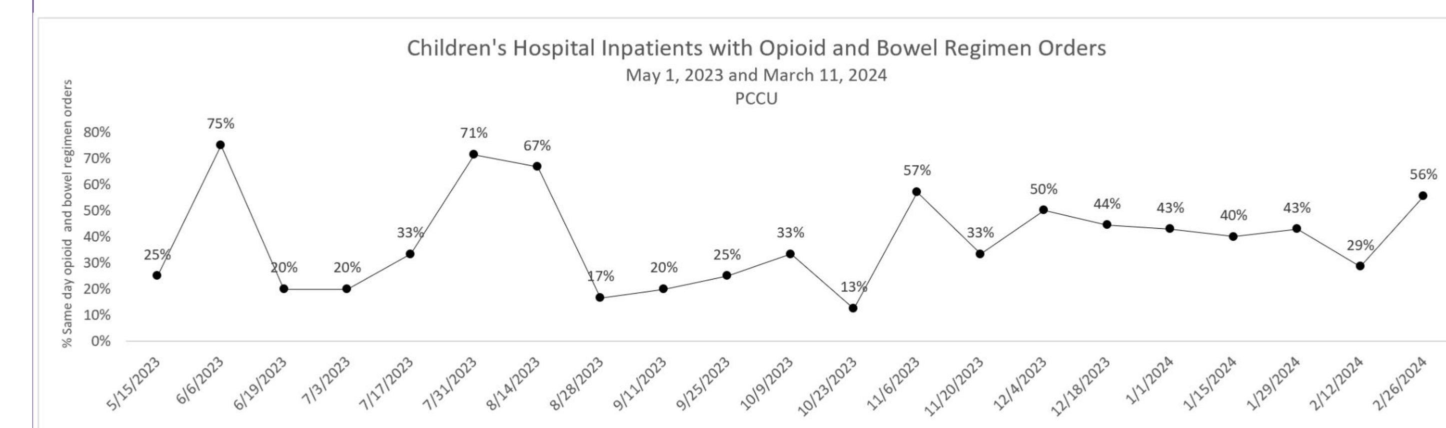
Cycle 4: Pop-up & Forced Function

Goal: Summer 2024, addresses primary issue of environment and cognitive load of physicians

Key Challenge: Pushback and levels of approval involved in predominantly cycles 3 & 4

MEASUREMENT & RESULTS





SUSTAINABILITY

- Systemic change requires **changing culture for QI**
  - Order Set Pop-Ups and Forced Function
- **Increase education of accessibility** for our new order set to prevent regression
- Routine data evaluations and new change cycles to be repeated **every 3 months to monitor**