

## **ADAPTING THE FLAGS – DEVELOPING A SYSTEMATIC PROCESS FOR IDENTIFYING HIGH-RISK PATIENTS RECEIVING OPIOID SUBSTITUTION TREATMENT**

S.Mckenna<sup>1,2</sup>, J.Willis<sup>1</sup>, M.Gallagher<sup>1</sup>, A.Winmill<sup>1</sup>, A.Brown<sup>1,2</sup>

<sup>1</sup>Hunter New England Local Health District, Drug and Alcohol Clinical Services, Newcastle, NSW

<sup>2</sup>School of Medicine and Public Health, Centre for Brain and Mental Health, University of Newcastle and Hunter Medical Research Institute, Newcastle, NSW

**Introduction/Issues:** Opioid substitution treatment (OST) is associated with a reduction in opioid overdose. However, this effect may reduce if OST adherence is poor or if other sedatives are used. This project utilised Clinical Practice Improvement (CPI) methods to develop a standardised process to improve identification, discussion and documentation of these clinical indicators of deterioration.

**Method/Approach:** Baseline OST dosing records, clinical handover and medical record audits were conducted (Sept-Nov 2014) at Newcastle Pharmacotherapy Service. Missed doses, intoxicated presentations, proportion discussed at handover and those clinically documented were determined. NSW Health's "Between the Flags" program, implemented to recognise and respond to deteriorating patients, was adapted to develop and trial a standardised OST relevant clinical handover template. Post-intervention audits were conducted monthly (Apr-June 2015) to determine if identification and reporting of indicators improved.

**Key Findings:** Baseline audits demonstrated 689 missed doses and 26 intoxicated presentations. Following implementation of the standardised handover template, post-intervention audits revealed a substantial increase in discussion of missed doses at clinical handover (baseline, 4% vs post-intervention, >90%), and documentation in clinical records (4.6% vs >90%). Although less marked, an increase in discussion (80.7% vs >90%) and recording (84.6% vs >90%) of intoxicated presentations were also observed.

**Discussions and Conclusions:** Implementation of a standardised clinical handover template has led to sustainable improvements in staff communication, identification and recording of missed doses and intoxicated presentations. Early recognition and response to indicators of deterioration is important to reduce preventable harm and overdose.

**Implications for Practice:** Applying CPI methods to standardise and streamline handover processes improves clinical documentation and early detection of at-risk patients. Better identifying risk can result in the prompt development of a clinical management plan that minimises adverse outcomes and enhances patient care.

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