



The PERISCOPE Study

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Perceptions, Impact and Scope of Opioid medication Errors in adult palliative care and oncology services.

Investigator: Nicole Heneka, PhD candidate, School of Nursing, The University of Notre Dame Australia.

Supervisors: Professor Jane Phillips, Professor Tim Shaw, Adjunct A/Prof Debra Rowett, Dr Sam Lapkin.

Background

- Opioids:
 - primary pharmacological treatment for cancer pain
 - management of symptoms at end of life, e.g., pain, coughing, dyspnoea
- High risk medicines¹ – greater potential for patient injury or catastrophic harm if used in error



1. Clinical Excellence Commission. (2014). High Risk Medicines. Retrieved Jun 30, 2014, from <http://www.cec.health.nsw.gov.au/programs/high-risk-medicines>

Background

- Higher potential for error due to:
 - varying routes of administration
 - numerous dosage forms with differing potencies
 - look-alike drug names, e.g., morphine, hydromorphone
 - frequent dose calculation and conversion^{1,2}



MS Contin® Tablets
(morphine sulfate controlled-release)

1. Cohen, M. R., Smetzer, J. L., Tuohy, N. R., & Kilo, C. M. (2007). High-alert medications: safeguarding against errors *Medication Errors. 2nd ed. Washington (DC): American Pharmaceutical Association* (pp. 317-411).
2. Dy, S. M., Shore, A. D., Hicks, R. W., & Morlock, L. L. (2007). Medication errors with opioids: Results from a national reporting system. *Journal of Opioid Management, 3*(4), 189-194.

Background

- For palliative care patients, heightened risk of harm again due to¹:
 - patients age
 - co-morbidities
 - complexity of illness
 - increased exposure to medication
 - more serious effects from errors



1. Myers, S. S., & Lynn, J. (2001). Patients with eventually fatal chronic illness: their importance within a national research agenda on improving patient safety and reducing medical errors. *Journal of Palliative Medicine*, 4(3), 325-332.

Stakeholder perceptions

- Opioid errors:
 - occur regularly and are under-reported
 - cause patient harm
 - primarily encompass prescribing, transcription, conversion, administration and omission errors
 - underpinned by human factors and gaps in skills and knowledge
 - are a priority area for quality improvement

Systematic literature review¹:

- Very little empirical research published
- Deviation from opioid prescribing guidelines predominant error type reported
- Administration, omission, conversion and transcription errors not reported in the clinical setting
- Patient harm resulting from opioid errors not reported
- Error incidence varied widely due to differing error focus of studies

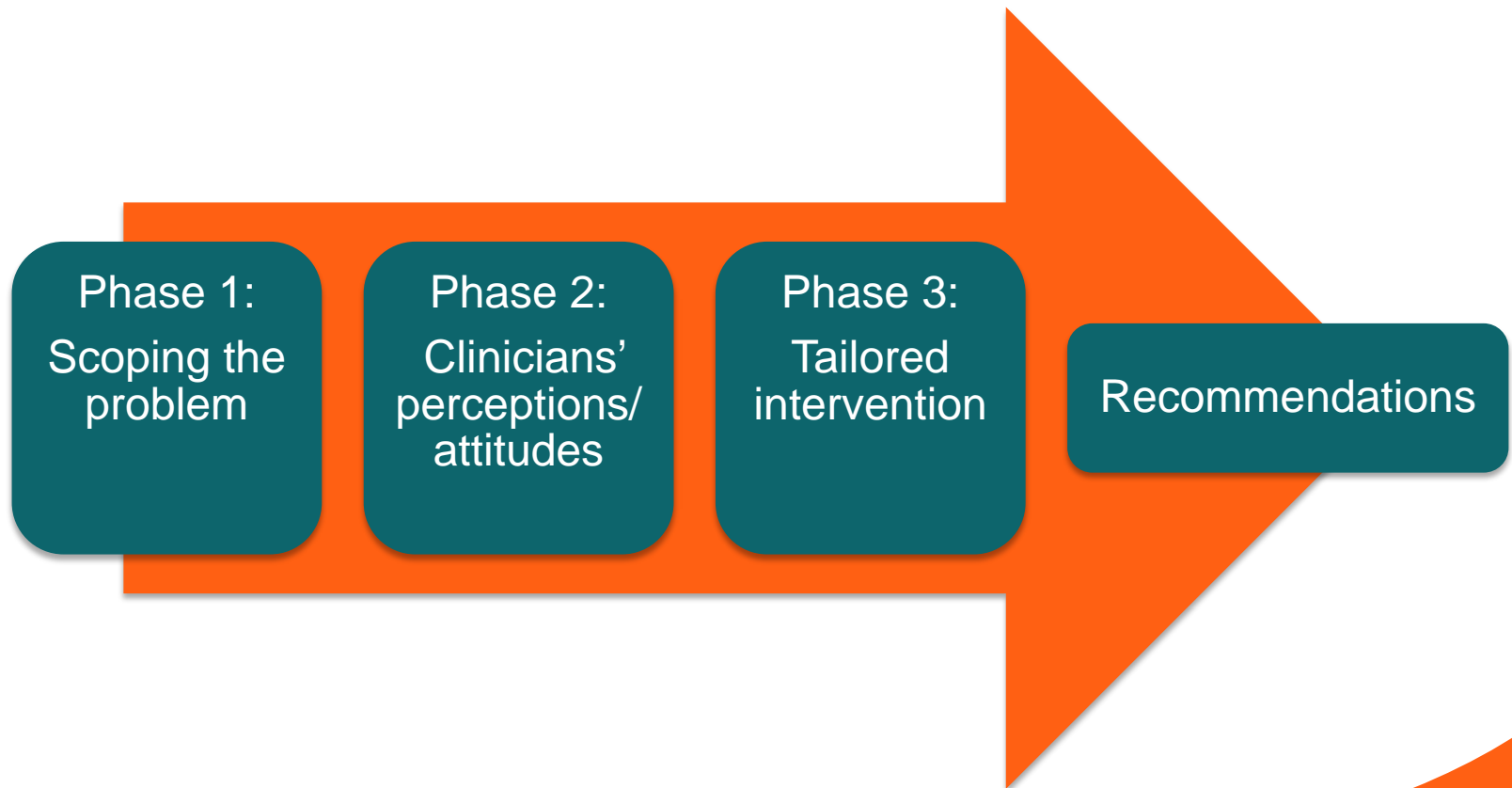
1. Heneka, N., Shaw, T., Rowett, D. & Phillips, J.L. (2015). Quantifying the burden of opioid medication errors in adult oncology and palliative care settings: a systematic review. (Under consideration: *Palliative Medicine*).

PERISCOPE Project Aim

- To identify the incidence, types and impact of opioid medication errors reported in adult palliative care and oncology services.
- To explore palliative care and oncology clinicians' perceptions and attitudes towards opioid medication errors.
- To design a targeted intervention that will reduce opioid errors in palliative care and oncology services.

Design

Sequential, three phase, mixed methods study



Phase 1 – Scoping the problem

- Systematic literature review
- Environmental scan – opioid prescribing/administration guidelines
- Identifying state wide (NSW) incidence of reported opioid errors
- Opioid error reporting audit at local sites



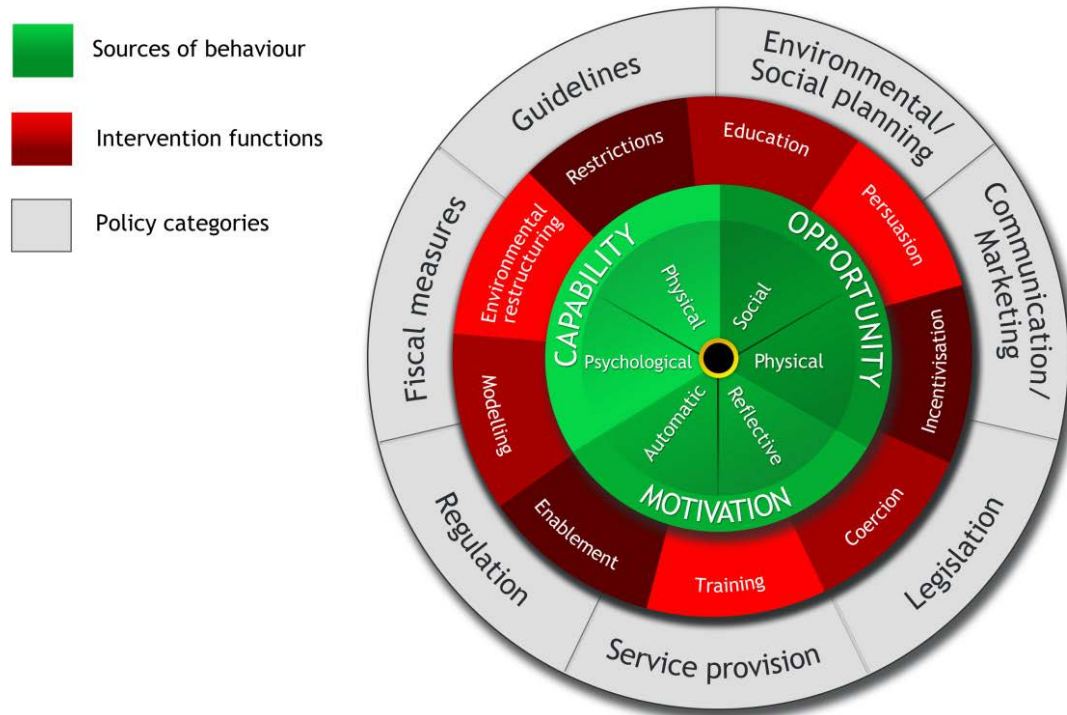
Phase 2 – Clinicians' perceptions

- Semi-structured interviews
- Perceived frequency, types and patient impact of opioid errors
- Barriers and facilitators to safe opioid medication processes



Phase 3 - Intervention

- Development, pilot testing and evaluation of a tailored intervention based on data findings



Behaviour change wheel¹
linking intervention types
to analysis of targeted
behaviour

1. Michie S, van Stralen M, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science. 2011;6(1):42.

Phase 3 - Intervention



Recommendations

- In-depth needs analysis to inform future interventions targeting opioid errors in palliative care and oncology services



System



Setting



Provider



Patient

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Thank you!



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