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Shaping Opioid Conversion Education in the Specialist Palliative Care Setting:
A Pilot Study of Staff Experiences

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Aim: To explore the lived experiences of clinicians working within SPC who are involved in converting opioid medications and the education that supports them.

Background

An essential skill whilst working within Specialist Palliative Care (SPC) is an ability to convert opioid medications. The provision of education to support this skill is not consistent despite national guidance to seek specialist advice when converting opioids. There is no one agreed ratio of relative potencies of opioids in relation to oral morphine.

It is essential to understand the nuances of converting between opioids, doses and routes alongside the caveats of compensating for the potential of incomplete cross tolerance of the drugs of the individual patients (Reddy et al, 2022). Within palliative care, clinicians must develop the key skill of being able to convert between opioids (Brodrick and Reid, 2018) but individual response must be considered with the potential for added complications, such as oncology treatments (Shaheen et al, 2009).

The opioid equianalgesic ratios have had little modification for 40 years and often based on clinical estimates (Fine et al, 2009).

Whilst many conversion charts exist in practice they should serve as a guide only and not detract from a collaborative approach to opioid conversions in practice (Shaheen et al, 2009).

The caveats of tolerance, drug interactions and challenging practice are imperative when there is use of any opioid conversion tool in practice to support individuals and others practice (GMC, 2021).

Within the specialist palliative care setting current practitioners have adopted the Opioid Conversion Workbook from Brodrick and Reid (2018). The workbook was piloted across multiple settings and demonstrated a retention in knowledge and skillset amongst practitioners with a suggested update after 6 months. The aim of the workbook was to reduce the level of habitual practice and increase staff confidence with a transferable skillset. No further research has been undertaken to explore this in recent practice.

The axiology of the research: 'Where do the palliative care specialists get their education from to be able to disseminate this advice?' (Jacobs, 2023).

Review of Literature

Anecdotal evidence suggests that patients with unmet specialist palliative care needs are presenting with an increasing level of complexity, co-morbidities and polypharmacy (Grant et al, 2021). There needs to be consideration for those in pain, which require, at times, escalating doses of medications and more unique combinations of medications (Carduff et al, 2018). This complexity in medication regimes compounds the risk for patients during reconciliation of medications at any point in their journey which can unintentionally lead to harm and discrepancies in the prescribing and administration of medications (WHO, 2019, DoH, 2018 and WHO, 2017).

The question of opioid drug equivalence is variable and whilst the doses are related back to oral morphine in practice, the potencies are variable and approximate, coupled with patient's individual tolerance, makes calculating outcomes unpredictable (McKie, 2016).

Methodology

12 semi-structured interviews were recorded and transcribed for thematic analysis using Braun and Clarke (2013).

Sample Size

For the purposes of this study a convenient sample was selected to allow those potential participants who have the required characteristics to have the opportunity to be included in the study.

Data Analysis

The semi-structured interviews were transcribed by the study lead and returned to the participants by password protected email for sense checking before returning to the study lead. Overall, the participants acknowledged that they were satisfied with the transcripts with only one minor amendment required. Thematic analysis of the transcripts was conducted by the lead researcher who developed common themes, data was coded following the 'patterns framework' of Braun and Clarke (2013).

The interviews lasted up to 30 minutes and were audio taped and transcribed by the study lead for analysis using Braun and Clarke (2013). The Three main themes that emerged from the data analysis included: Experiences of opioid conversion education, Support Strategies used in practice for opioid conversions, Shaping opioid conversion education.

The data was refined through analysis and identified five themes initially however these were further refined to three main themes with nine subthemes to ensure that the data was fully represented.

Findings

Three main themes and nine subthemes were identified:

- Experiences of opioid conversion education,
- Support strategies used in practice for opioid conversions,
- Training and education.

Participants felt empowered by the workbook however they felt that it needed to be more relatable to practice and further consistent clinical updates were needed to support practice.

Ethical Considerations

Approval for the study was given by a local University ethics board (reference: SREC23005) with additional written permission given from the SPC service organization where the study was conducted. The General Data Protection Regulation guidelines (2018) and Caldicott Guidelines (1977) were always upheld with only the lead researcher having access to the data.

Study Limitations

The researcher acknowledges their skillset as a novice researcher which offered the opportunity for learning and self-development within the research field. The potential for the impact on the responses of the participants was highlighted as a risk for bias and was reduced where possible with open-ended questions to avoid influencing the participants' responses.

"I was quite daunted..... once you start going through it, it makes alot of sense"

"Everyone should do it..... the more knowledge we have.... good for all of us in our practice"

"I love this new knowledge that I've gained and I'd like to share it with others as many as I can"

Recommendations for practice

Regular annual updates with face-to-face teaching.

Governance in practice to ensure that a mandated completion of the workbook.

Ensure that the support mechanisms that are required in practice such as the background to why the training is advocated and understanding of specific drugs for familiarity will be included within the workbook.

Aim to adopt a unified approach to opioid conversion education.

Further audits and studies would be advocated, to be replicated in other SPC settings

Added subjectivity to the patient nuances alongside a case study format supporting the existing robust mathematical approach to the conversions.

Enhance the relatability to practice of the workbook examples had the potential for misinterpretation.

Conclusion

This study concluded that there is a lack of standardised practice in the approach to opioid conversions. The Opioid Conversion Workbook reduced the habitual practice of using equianalgesic conversion charts but requires additional oversight and update to support complex clinical practice. Current practice has some processes of governance and oversight but with no structure to update and maintain the skillset of opioid conversion. A move to annual updates with face-to-face teaching, being mindful to maintain empowerment of self-guided learning and not be didactic in nature was the participants preferred approach.

References

- Braun, V., & Clarke, V. (2013). Successful qualitative research: a practical guide for beginners. SAGE Publications.
- Brodrick, R. and Reid, S. (2018) 'The Opioid Conversion Workbook: A Novel Education Intervention to Enhance Patient Safety', BMJ Supportive Palliative Care, 8(Sup 2). http://dx.doi.org/10.1136/bmjspcare-2018-hospiceabs.148
- Caldicott Guidelines (1997). Available at: https://www.gov.uk/government/publications/the-caldicott-principles. Accessed: 2nd March 2024.
- Carduff, E., Johnston, S., Winstanley, C. et al (2018). 'What does 'complex' mean in palliative care? Triangulating qualitative findings from 3 settings'. BMC Palliative Care. 17, 12. https://doi.org/10.1186/s12904-017-0259-z
- Department of Health (DoH). (2018) The Report of the Short Life Working Group on reducing medication related harm. Available from: short-life-working-group-report-on-medication-errors.pdf (publishing.service.gov.uk) (Accessed: 1st February 2024).
- Fine, P. G., Portenoy, R. K. and Ad Hoc Expert Panel. (2009). Establishing "best practices" for opioid rotation: conclusions of an expert panel. Journal of pain and symptom management, 38(3), pp. 418-425. https://doi.org/10.1016/j.jpainsymman.2009.06.002
- General Data Protection Regulations (2018), https://www.gov.uk/data-protection. (Accessed 2nd November 2023)
- General Medical Council (GMC). (2024). Good Medical Practice. Available at: Domain 1 Knowledge skills and development - GMC (gmc-uk.org). (Accessed: 28th March 2024).
- Grant, M., Everlien, de G., & Saskia, T. (2021). 'A systematic review of classifications systems to determine complexity of patient care needs in palliative care'. Palliative Medicine, 35(4), pp.636–650. https://doi.org/10.1177/0269216321996983
- McKie. J. (2016) What are the equivalent doses of oral morphine to other oral opioids when used as analgesics in adult palliative care? UKMI. Available at: http://www.sps.nhs.uk. (Accessed: 8th October 2023).
- Reddy, A., Sinclair, C., Crawford, G. B., McPherson, M. L., Mercadante, S., Hui, D., Haider, A., Arthur, J., Tanco, K., Dalal, S., Dev, R., Amaram-Davila, J., Adile, C., Liu, D., Schuler, U., Jammi, S., Shelal, Z., Del Fabbro, E., Davis, M., & Bruera, E. (2022). 'Opioid Rotation and Conversion Ratios Used by Palliative Care Professionals: An International Survey'. Journal of palliative medicine, 25(10), 1557–1562. https://doi.org/10.1089/jpm.2022.0266
- Rennick, A., Atkinson, T., Cimino, N. M., Strassels, S. A., McPherson, M. L., & Fudin, J. (2016). Variability in Opioid Equivalence Calculations. Pain medicine (Malden, Mass.), 17(5), pp.892–898. https://doi.org/10.1111/pme.12920
- Shaheen P E, Walsh D, Lasheen W, Davis M P and Lagman R L (2009). 'Opioid equianalgesic tables: are they all equally dangerous?'. Journal of pain and symptom management, 38(3), p. 409. DOI:10.1016/j.jpainsymman.2009.06.004
- World Health Organisation (WHO). (2017) Medication Without Harm. Available from: Medication Without Harm (who.int) (Accessed: 1st December 2023).
- World Health Organisation (WHO). (2019) Medication Safety in Transitions of Care. Available from: Medication safety in transitions of care (who.int) (Accessed: 1st March 2023).