

TJUH Department of Surgery Opioid Reduction Quality Initiative

Thomas Jefferson University Hospital

Purpose

- Measure our potential contribution to the divertible pool of opioids
- Determine the average number of tablets taken by non-opioid dependent patients for specific procedures
- Actively educate our patients on how to dispose of left-over tablets
- Create a “toolkit” for our institution’s post operative prescription practices

Table 1. Recommended Prescription Based on Procedural Opioid Consumption Means

Operation	n	Mean pills consumed	Median pills consumed	Mean pills prescribed	95% CI	Recommendation for number of pills at discharge
Laparoscopic Cholecystectomy	45	9	4.2	31	6-12	10
Hernia repair	51	10	4	30	6-15	10
Video-assisted thoracoscopy	25	13	2	38	6-20	15
Laparoscopic colectomy	47	14	10	30	10-18	15
Open colectomy	27	13	7	34	8-18	15
Mastectomy	20	17	16	30	9-25	15
Pancreatectomy	29	15	15	36	10-20	15
Esophagectomy/Gastrectomy	26	24	10	60	12-36	20
Aortic bypass	15	25	30	34	19-32	25
Kidney transplant	41	13	10	29	9-17	15
Liver resection	26	13	10	31	8-19	15

Toolkit

- Available on Clinician Intranet page
- Interactive
- Utilized by surgery house staff at discharge
- Potential to decrease our department's opioid prescriptions > 50%

Opioid Toolkit (Dept. of Surgery)

Critical Discharge Steps	1 Check Procedure in Table Below	2 Check Use in Last 24 Hours	3 Calculate Final Rx # + 5 if > 6 doses - 5 if 0 doses	4 Find Disposal Location	5 Educate Patient	6 Add to Discharge Summary
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Start Here	
1) Check Procedure	
Procedure	Recommended Rx
Esophagectomy	20
Hernia	10
Kidney Transplant	15
Laparoscopic Cholecystectomy	10
Laparoscopic Colectomy	15
Liver Resection	15
Mastectomy	15
Open Colectomy	15
Pancreatectomy	15
Vascular Bypass	25
VATS	15
2) Check Use in Last 24 Hours	
3) Calculate Final Rx #	
+ 5 if > 6 doses in last 24 hrs	
- 5 if 0 doses in last 24 hrs	
4) Find Disposal Location	
5) Educate Patient	
6) Discharge Patient	

Surgeons Play a Pivotal Role in Opioid Crisis by:

- Over-prescribing opioids after surgery
- Inadequately educating patients about post-surgical pain management
- Neglecting to teach patients about safe storage and disposal of opioids
- [Prescription Opioid Overdose Data](#), CDC

Surgeons Should Communicate Expectations Before Surgery

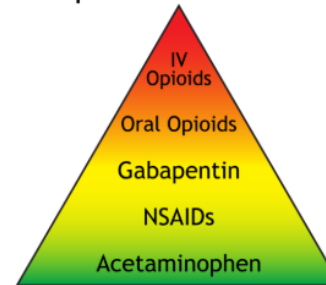
- Goal of pain control** = restore function NOT to decrease pain score to zero
- Adjuncts to pain control other than opioids will be advised
- [Safe and Effective Pain Control After Surgery](#), ACS

Notice for Clinicians-Caregivers

Effective Tuesday, August 28, 2018

- Default amount for all new oral opioid prescriptions **reduced to 10 tablets**
- Duration field now required, with a **suggested duration of three days**
- Epic will now auto populate a new education page to the after visit summary (AVS) [View Screenshots](#)

Optimal Practices



Consider:

- pre-injection local anesthetic
- cold packs on the surgical site

Review:

[Practice Guidelines for Acute Pain Management in the Perioperative Setting](#).

An Updated Report by the American Society of Anesthesiologists Task Force on Acute Pain Management.

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Department of Surgery Opioid Reduction Quality Initiative

- Department of Surgery Education
 - Data analysis presented to Department of Surgery
January, 2018 (Megan Lundgren, MD)
- Default Opioid Prescription
 - Effective August 28, 2018
 - Default number decreased from 30 to 10
 - Required duration field (EPIC): 3 days suggested
- Toolkit “Go-live”: September 1, 2018

Default Opioid Script

Duration required

10 tablets, no refills

oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet Accept Cancel

Dose: 1 tablet 1 tablet 2 tablet
Prescribed Dose: 1 tablet
Prescribed Amount: 1 tablet
Maximum MEDD: 45 mg MEDD (for this order)

Route: oral oral

Frequency: Every 4 hours PRN Q4H PRN Q6H PRN Q8H PRN
PRN reasons: moderate pain severe pain
PRN comment:

Duration: Duration Doses Days 3 days
Starting: 8/22/2018 Ending: First Fill:

Mark long-term: OXYCODONE HCL/ACETAMINOPHEN

Patient Sig: Take 1 tablet by mouth every 4 (four) hours as needed for moderate pain .
[Add additional information to the patient sig](#)

Dispense: 10 tablet Refill: 0 0 Days/Fill: Full (0 Days) 30 Days 90 Days
 Dispense As Written

Per PA law, the PDMP must be queried for every controlled substance prescription.
I attest that the PDMP was queried for this prescription. New Jersey exemption

Associated Wounds: Wound 12/05/17 1055 1 head left skin tear

Class: Normal Normal Print Phone In No Print Sample

This medication will not be e-prescribed. Invalid items: Pharmacy Details...

Note to Pharmacy: [Add Note to Pharmacy \(F6\)](#)

Next Required Accept Cancel

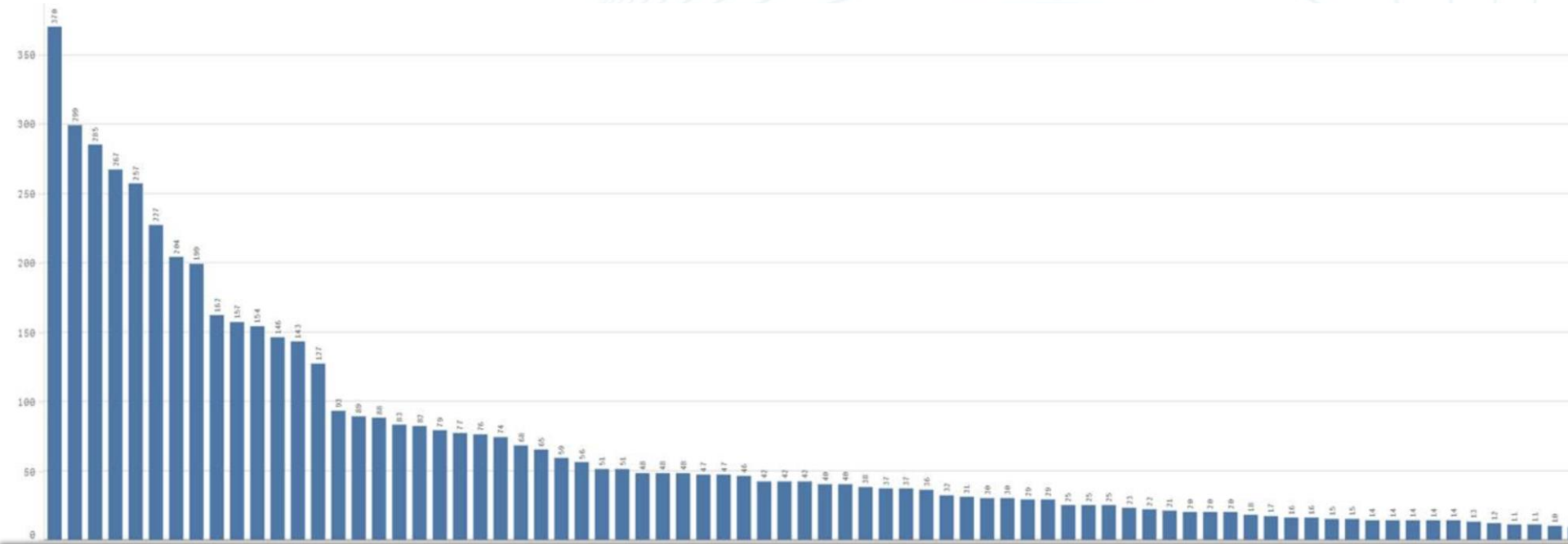


Additional Information

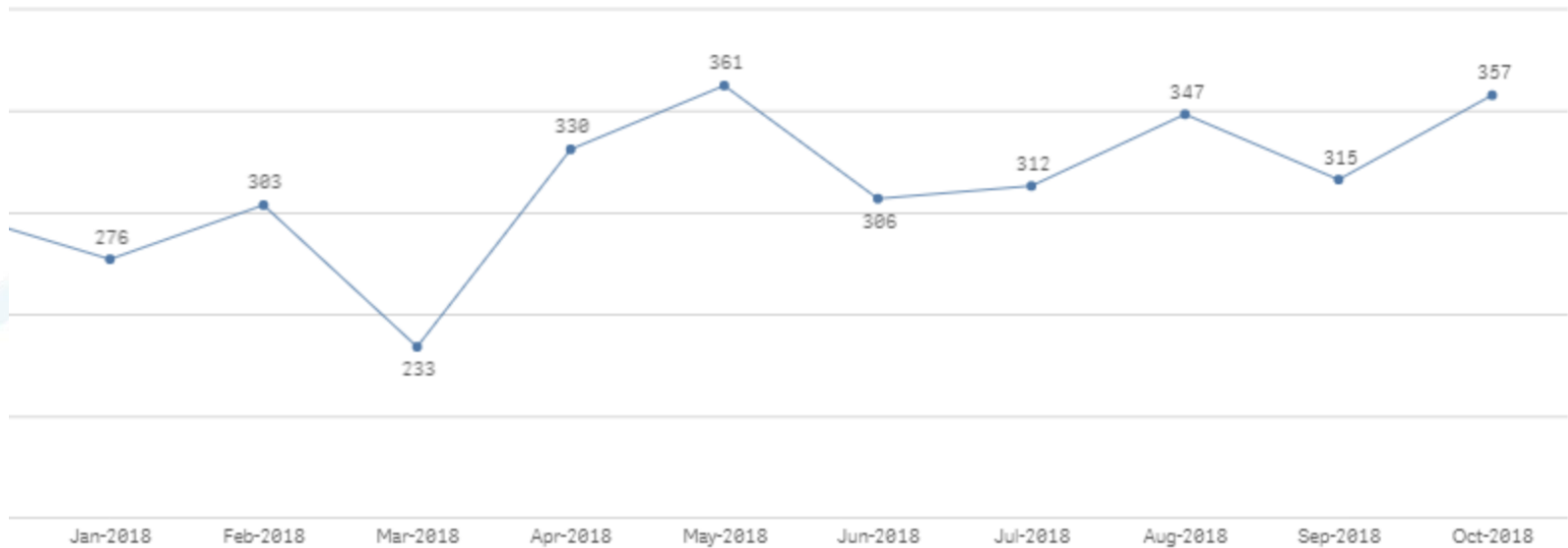
Managing Acute Pain with and without OPIOIDS

OPIOIDS FOR PAIN MANAGEMENT	
<p>Prescription opioids can be used as part of your pain management treatment to help relieve moderate to severe pain. They may be prescribed after surgery, severe injury and for some other health problems. These medications can be an important part of your pain management, but they also come with serious risks. It is important to work with your healthcare provider to make sure you are getting the safest, most effective care.</p>	
<p>THE PROS</p> <ul style="list-style-type: none"> • You will be able to gain your strength back and go home from the hospital sooner. • You will get a good night's sleep. Feeling rested will give you more energy to feel active. • You will be able to get out of bed and walk around to help you heal faster • You will feel more comfortable to cough and deep breathe (this helps to avoid lung problems like pneumonia). 	<p>THE CONS</p> <ul style="list-style-type: none"> • Nausea and vomiting • Dry mouth • Sleepiness and dizziness • Upset stomach and constipation • Confusion and depression • Itching • Physical dependence (meaning you have withdrawal symptoms when stopped) • Risk for addiction
<p>DO's</p> <ul style="list-style-type: none"> • DO take opioids ONLY as directed. • DO give your healthcare provider a list of your current medications. • DO talk to your healthcare provider about the safety of combining your pain medications with other medications and herbal supplements. • DO know how much and how often to take the pain medication. • DO store opioids in a secure place. • DO prevent constipation by using a laxative such as Miralax or milk of magnesia. • DO follow up with your healthcare provider. 	<p>DON'Ts</p> <ul style="list-style-type: none"> • DON'T take opioids in higher amounts or more often than prescribed. • DON'T sell or share opioids. • DON'T take another person's opioids. • DON'T drive or operate heavy machinery while taking opioids. • DON'T drink alcohol while taking opioids. • DON'T take the following medicines with opioids unless you have discussed with your healthcare provider: <ul style="list-style-type: none"> • Benzodiazepines (such as Xanax™ or Valium™) • Muscle relaxants (such as Flexeril™ or Soma™) • Sleep aids (such as Ambien™ or Lunesta™)

Thomas Jefferson University Hospital Number of Prescriptions/Provider



Thomas Jefferson University Hospital Opioid Scripts Written by Surgery Providers



Thomas Jefferson University Hospital Average Pill Count/Prescription



Thomas Jefferson University Hospital Opioid Reduction Quality Initiative: Future Directions

- Procedure specific analysis
- Setting expectations
- Preoperative Tylenol/non-opioid analgesics
- Re-evaluate discharge education process
- Evaluate refill data
- Provide feedback to House Staff, NP's, PA's and Surgery Staff