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

Start Here

1) Check Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommended Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophagectomy</td>
<td>20</td>
</tr>
<tr>
<td>Hernia</td>
<td>10</td>
</tr>
<tr>
<td>Kidney Transplant</td>
<td>15</td>
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<tr>
<td>Laparoscopic Choledochectomy</td>
<td>10</td>
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<tr>
<td>Laparoscopic Colectomy</td>
<td>15</td>
</tr>
<tr>
<td>Liver Resection</td>
<td>15</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>15</td>
</tr>
<tr>
<td>Open Colectomy</td>
<td>15</td>
</tr>
<tr>
<td>Pancreatectomy</td>
<td>15</td>
</tr>
<tr>
<td>Vascular Bypass</td>
<td>25</td>
</tr>
<tr>
<td>VATS</td>
<td>15</td>
</tr>
</tbody>
</table>

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

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

Surgeons Should Communicate Expectations Before Surgery

- Goal of pain control = restore function
  - NGT to decrease pain score to zero
- Adjuncts to pain control other than opioids will be advised
- Safe and Effective Pain Control After Surgery, ACS

Optimal Practices

IV Opioids
Oral Opioids
Gabapentin
NSAIDs
Acetaminophen

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
Thomas Jefferson University Hospital
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

### Patient Information:
- **Drug:** oxycodone-acetaminophen (PERCOCET) 5-325 mg per tablet
- **Dosage:**
  - Prescribed Dose: 1 tablet
  - Maximum: 60 mg per 24h (for this order)
- **Route:** Oral
- **Frequency:** Every 4 hours PRN
- **Duration:** 10 tablets, no refills

### Instructions:
- **Patient Sig:** Take 1 tablet by mouth every 4 hours as needed for moderate pain.
- **Dispense:**
  - 10 tablets
  - Refill: 0
- **Days/Fill:** Full (30 Days)

### Notes:
- **Per PA law, the PDMP must be queried for every controlled substance prescription.**
- **Wound:** 12/05/17 R/O S 1 head left arm tear
- **Class:** Normal
- **Note:** This medication will not be re-prescribed.

### Additional Information:
- **Dispense As Written:**
  - Yes
- **Pharmacy:** Add Note to Pharmacy (PD4)
### Managing Acute Pain with and without OPIOIDS

**OPIOIDS FOR PAIN MANAGEMENT**
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.

<table>
<thead>
<tr>
<th>THE PROS</th>
<th>THE CONS</th>
</tr>
</thead>
</table>
| - 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).  
| - 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 |

<table>
<thead>
<tr>
<th>DO’s</th>
<th>DON'Ts</th>
</tr>
</thead>
</table>
| - 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.  | - 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:  
  - 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

Jan 18  28.3

Dec 18  14.9
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