

Reshaping post-operative analgesic prescribing at point of discharge through pharmacist-led intervention

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Background

The practice of prescribing pain relief on discharge for surgical patients is commonplace, yet the documentation of a clear pain management plan including both simple analgesia and opioids, is often lacking [1]. This means that following an operation, patients may not have adequate advice to appropriately manage their pain when they leave the hospital. General Practitioners may not have sufficient information to support the de-escalation of opioids used for that patient. With the development of the new Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard, it was timely to review the appropriateness of pain management and documentation within the Launceston General Hospitals, surgical wards. [2].

Aim

To identify changes in prescriber habits following pharmacist-led education sessions provided to junior doctors, pertaining to the new Acute Pain Clinical Care Standard.

Method

2021

Discharge prescriptions from the Surgical wards were retrospectively analysed for the months of January, April, July, and October. Data was collected providing information on the prescribing of simple and opioid analgesia. The months chosen coincided with the rotation of junior doctors to the surgical wards, as they are generally responsible for prescribing on discharge and writing discharge summaries.



2022

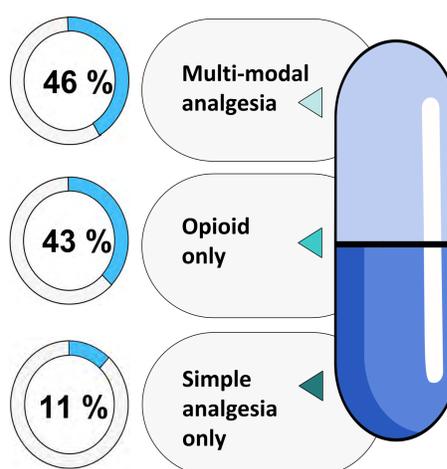
Several education sessions were provided to the junior surgical doctors by the clinical pharmacists. These sessions coincided with junior doctor rotation changes. The education detailed our findings and reinforced the importance of providing a clear pain management plan, highlighting the importance of including simple analgesia.

A retrospective analysis of all discharge prescriptions was completed for the months that followed this education (July and October).

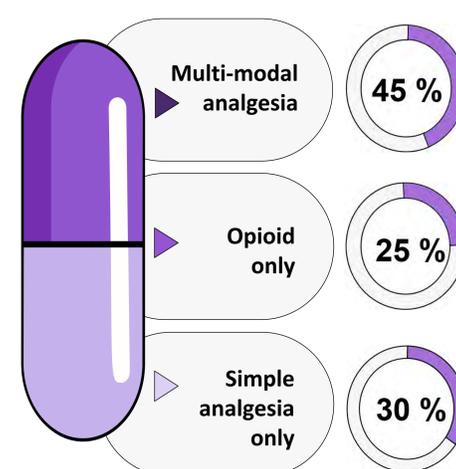
Results

The data collected before the education of junior doctors showed that almost **half** of all discharge analgesia prescriptions were for opioid monotherapy and **only 11%** of scripts were for simple analgesia.

Pre-intervention data



Post intervention data

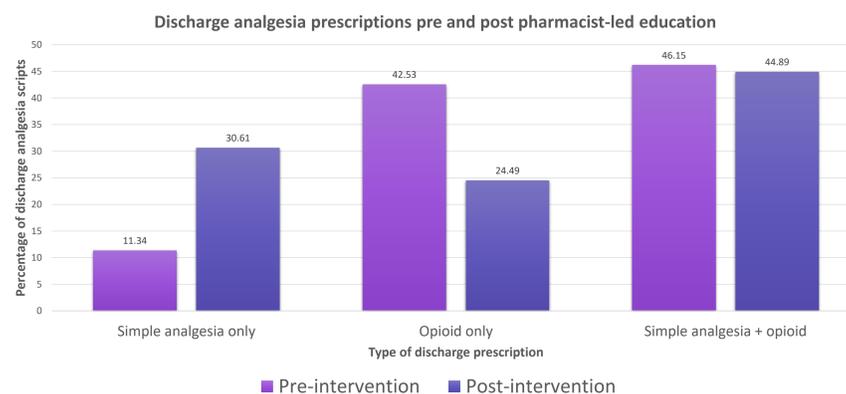


In the month after education of junior medical staff there was a **decrease by 18%** in opioid monotherapy prescriptions and an **increase by 19%** in scripts for simple analgesia only.

Conclusions

Of **906** patients discharged during the data collection period, **35%** received a **discharge prescription** for analgesia which was maintained across both the pre and post intervention groups.

The data demonstrates that our education was able to contribute to **significant** reductions in opioid only prescriptions while maintaining multi-modal analgesic discharge prescriptions.



Future Implications

Through pharmacist-led education, targeting areas such as discharge pain management planning and handover, along with promoting the de-escalation of inpatient opioid usage upon discharge has great potential to improve opioid stewardship, patient care and medication safety in the community. This intervention can be easily reproduced at **any site** across Australia to improve the judicious and safe use of opioid analgesics.

References

- [1] Calcaterra SL, Yamashita TE, Min SJ, Keniston A, Frank JW, Binswanger IA. Opioid Prescribing at Hospital Discharge Contributes to Chronic Opioid Use. *J Gen Intern Med.* 2016;31:478–85.
[2] ACSQHC (April 2022) Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – Acute care edition