Safe Opioid Prescribing at Discharge

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Safe Opioid Prescribing at Discharge
Taylor Goodman, PharmD; Elva Van Devender, PhD, PharmD, BCPS, DPLA; Luetta Jones, PharmD; Courtney Barber

Purpose
The purpose of this study is to evaluate discharge opioid prescriptions and to assess the impact of data sharing and provider group education on promoting safe opioid prescribing practices.

Objectives
Primary Objectives
• Evaluate impact of provider education and data sharing on opioid prescribing practices, including the discharge opioid, quantity of opioid tablets, and morphine equivalence.
• Assess opportunities for decreasing the quantity and potency of opioids prescribed.

Secondary Objectives
• Examine the correlation between opioid prescribing practices and the reduction of opioid pain management recommendations.
• Identify potential areas for improvement in opioid prescribing practices.

Background
The US Department of Health and Human Services declared the opioid epidemic as a public health emergency.1 The crisis persists, especially in Oregon, with an average of five Oregonians dying each week from opioid overdose.2

Studies found common sources of large quantity prescriptions were emergency departments, post-surgical patients and internal medicine discharges.7

Methods
Study design
Retrospective pre-post review of discharge prescriptions at two large, tertiary, medical centers after provider education and data sharing intervention.

Inclusion criteria
• All patients with at least one opioid discharge prescription ordered by a hospitalist in a 30-day period in September 2019 and February/March 2020.

Exclusion criteria
• Discharge opioid prescriptions for non-pain indications, methadone and extended-release, oral liquid, transdermal patch and suppository formulations

Results

<table>
<thead>
<tr>
<th>Hospital A</th>
<th>July 2018</th>
<th>September 2019</th>
<th>February 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalist Discharges with Opioid</td>
<td>216</td>
<td>169</td>
<td>213</td>
</tr>
<tr>
<td>Avg Quantity per Discharge</td>
<td>25.8</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Avg MME per Discharge</td>
<td>198.3</td>
<td>177.5</td>
<td>195.6</td>
</tr>
<tr>
<td>Concomitant BZDs</td>
<td>5.6%</td>
<td>7.1%</td>
<td>3.75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital B</th>
<th>July 2018</th>
<th>September 2019</th>
<th>February/March 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalist Discharges with Opioid</td>
<td>188</td>
<td>192</td>
<td>177</td>
</tr>
<tr>
<td>Avg Quantity per Discharge</td>
<td>34.9</td>
<td>23.3</td>
<td>25.8</td>
</tr>
<tr>
<td>Avg MME per Discharge</td>
<td>303.5</td>
<td>191</td>
<td>212</td>
</tr>
<tr>
<td>Concomitant BZDs</td>
<td>3.2%</td>
<td>6.3%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Discussion
Summary of Interventions and Limitations
EHR change to new discharge prescriptions to default to 12 instead of 30 tablets plus addition of MME calculations implemented in early 2019.

While future efforts should combine multiple interventions, these should target the individual via continued education/data sharing and system processes via workflow adjustments such as encouraging utilizing new opioid orders upon discharge. Targeting specific service lines could help identify more opportunities to promote safer prescribing practices post education/data sharing.

Conclusion/Next Steps
While longer term monitoring and individual provider follow up is needed to elicit the true impact of provider education and data sharing intervention, future efforts should combine multiple interventions. These should target the individual via continued education/data sharing and system processes via workflow adjustments such as encouraging utilizing new opioid orders upon discharge. Targeting specific service lines could help identify more opportunities to promote safer prescribing practices going forward.

Author Disclosures
Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

- Taylor Goodman, Pharm.D.: Nothing to disclose
- Elva Van Devender, Pharm.D.: Nothing to disclose
- Luetta Jones, Pharm.D.: Nothing to disclose
- Courtney Barber: Nothing to disclose

References