

FACTORS INFLUENCING INAPPROPRIATE OPIOID PRESCRIBING AT DISCHARGE FOR SURGICAL PATIENTS IN AN OUTER METROPOLITAN VICTORIAN HOSPITAL

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INTRODUCTION

Opioid analgesics are considered high-risk medications, and there is a national focus on reducing medication-related deaths associated with opioids [1]. The Opioid Analgesic Stewardship Acute Pain Clinical Care Standard (CCS) plays a crucial role in ensuring the appropriate use of opioids in acute pain management [1]. It is recommended that following a hospital stay, opioid prescriptions should not exceed a 7-day supply [1]. Inappropriate prescribing encompasses the use of a medication when there are equally or more effective and lower-risk alternatives available, including the prescription of non-pharmacological strategies [1]. The specific factors influencing inappropriate opioid prescribing for surgical patients at Eastern Health remain unknown.

AIMS

This study aimed to determine the relative impact of factors influencing inappropriate opioid prescribing for surgical patients at Eastern Health based on the definitions provided in the CCS.

METHODS

An audit of surgical patients was conducted between August 1, 2022, and March 31, 2023 using data routinely collected through the Analgesic Stewardship Service (AGS). We selected several key factors and determined the proportion of the dataset with the outcome of interest (study sample). Data analysis involved descriptive statistics and Microsoft Excel pivot charts. For this audit, an appropriate quantity of opioids on discharge was defined as the number of immediate-release PRN opioids administered to patients in the twenty-four hours before discharge, multiplied by 7 i.e. a 7 day supply. Any quantity exceeding this threshold was considered inappropriate. This measure is evidence-based and aligns with the definition of inappropriate discharge quantity in the CCS [1].

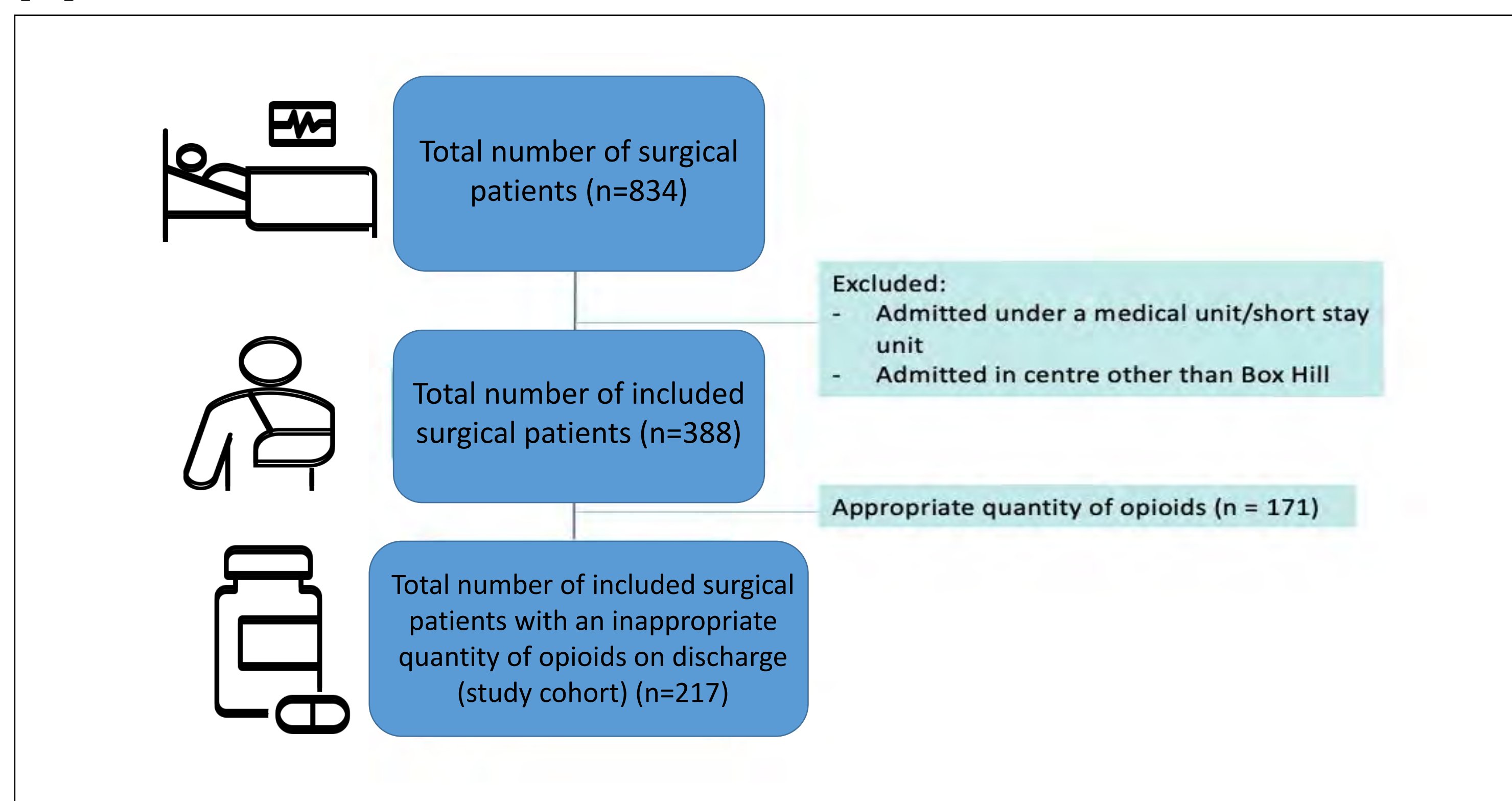


Figure 1. Study Flow Diagram

RESULTS

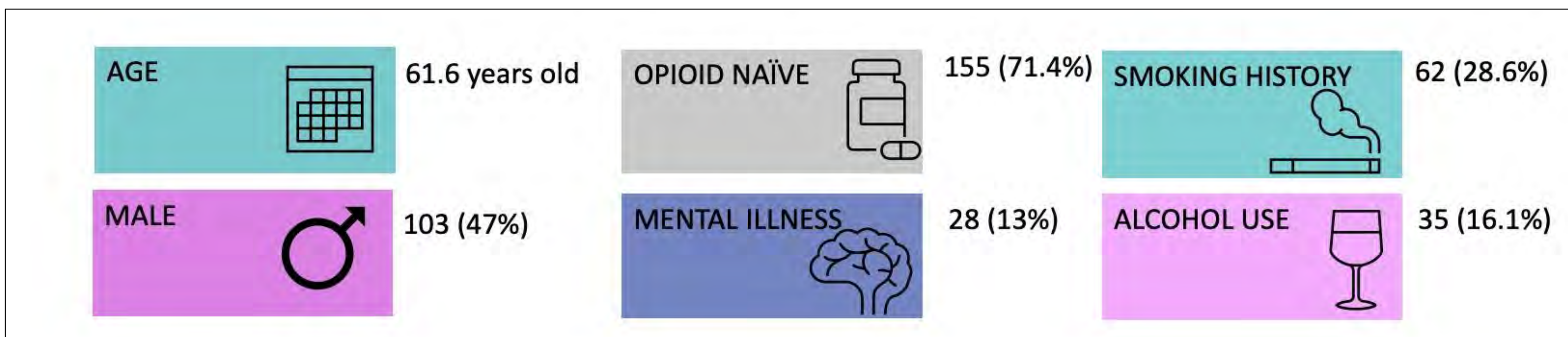


Figure 2. Demographic data for the study cohort

The average age of patients in the study cohort was 61.6 years with an almost even split by gender (47% male) and the majority opioid naïve on admission (71.4%).

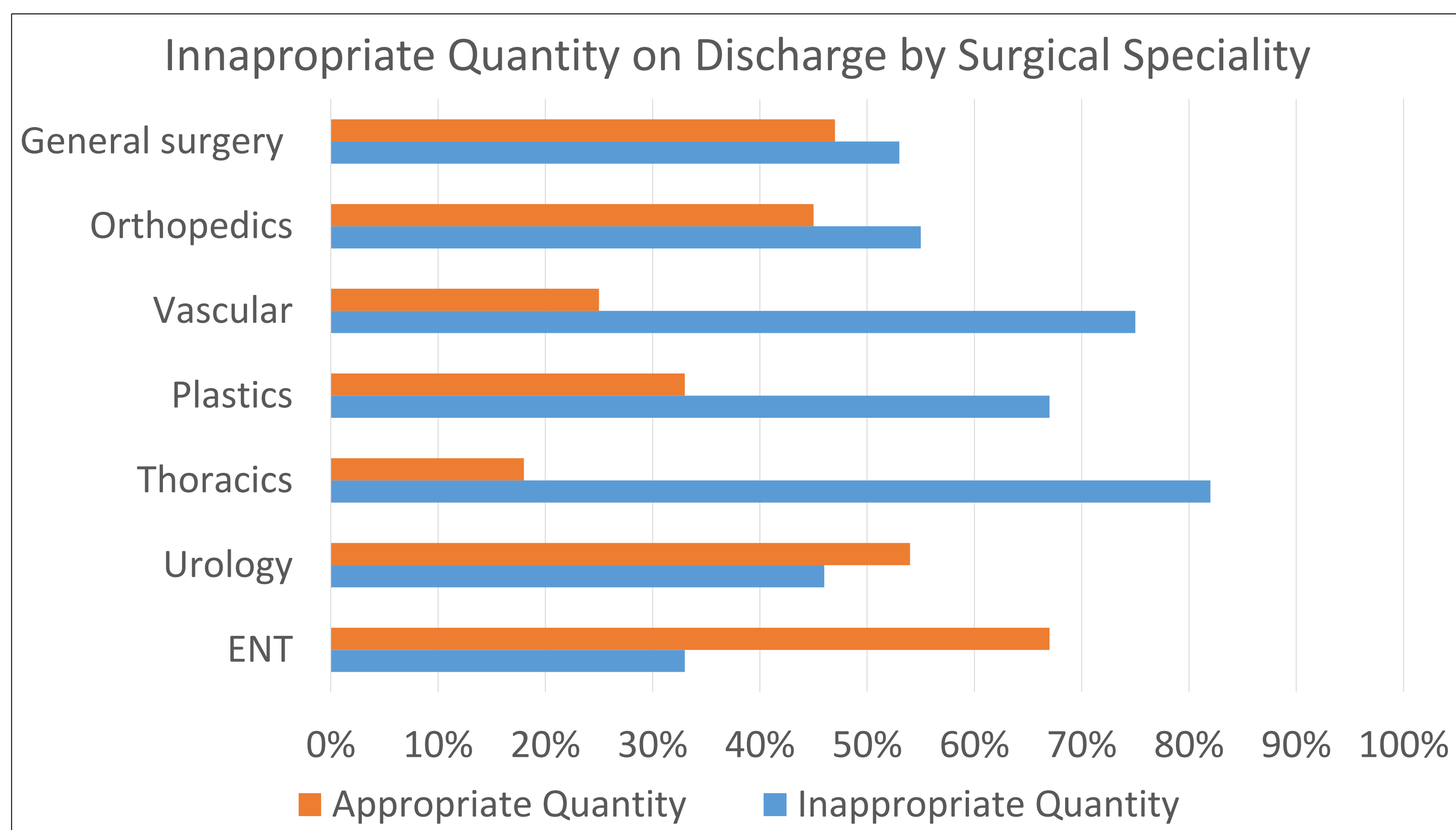


Figure 3. Breakdown by surgical speciality

Among the study cohort of 217 eligible patients, it's worth noting that four specific factors exhibited statistically significant influence over the likelihood of patients being discharged with inappropriate opioid prescriptions. These influential factors encompassed AGS review (OR 0.5, $p < 0.001$), Safescript checks during admission (OR 0.5, $p < 0.001$), opioid-naïveté (OR 0.69, $p = 0.008$), and the inclusion of prescriptions that incorporated multimodal analgesia (OR 0.67, $p = 0.01$). Additionally, while variables such as gender, age, site of admission, psychiatric comorbidities, and various social factors (such as smoking, drug use, and alcohol consumption) demonstrated potential clinical relevance, they did not reach statistical significance in this context.

CONCLUSIONS

To tackle inappropriate opioid prescribing, forthcoming interventions in hospitals should prioritize enhancing Safescript utilization, encouraging the adoption of multimodal analgesia prescriptions, and securing sufficient funding for the expansion of the AGS program. These targeted strategies have the potential to boost compliance with opioid prescribing guidelines and enhance patient safety within the hospital environment.

References:

1. Australian Commission on Safety and Quality in Health Care. Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – Acute care edition [Internet]. Sydney: ACSQHC; April, 2022 [cited 2023 May 4]. Available from: <https://www.safetyandquality.gov.au/sites/default/files/2022-04/opioid-analgesic-stewardship-in-acute-pain-clinical-care-standard.pdf>
2. Australian and New Zealand College of Anaesthetists. Position statement on acute pain management 2022 (PS41 (G)) [Internet]; 2022 [cited 2023 June 2]. Available from: <https://www.anzca.edu.au/getattachment/558316c5-5ea93-457c-b51f-d57556b0ffa7/PS41-Guideline-on-acute-pain-management>