



ACOG 2020 DISTRICT II VIRTUAL ANNUAL MEETING

Saad Khalil Memorial Junior Fellow Quality Improvement Challenge

Project Submission Form

Name: Lisa Schwartz		
Title: <input checked="" type="checkbox"/> Resident	PGY: 4	Residency Program: SUNY Upstate
<input type="checkbox"/> Junior Fellow in Practice		
<input type="checkbox"/> Junior Fellow in Training		Fellowship Specialty:
Address: 525 Plum St Apt #406		
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Project Title: "Decreasing excess opioid prescriptions after cesarean delivery"		
1. Please describe the quality problem or issue: Opioid prescribing after cesarean delivery at our hospital was not individualized based on patient's pain or need for opioids during hospitalization.		
2. AIM Statement: The aim of this quality improvement project was to educate providers and aid in having discharge opioid prescriptions mirror inpatient use of opioids.		

3. Team Members (please include title and role):

Name	Title	Role
Lisa Schwartz	Resident	Resident Investigator
Leah Kaufman	Attending	Primary Investigator

4. Abstract:

Objective:

Over the past decade, the opioid epidemic has grown with over 70% of all drug overdose deaths being related to opioid use in 2018. Cesarean sections are the most common surgical procedure in the United States with 1.3 million performed annually. Furthermore, many previous studies have shown a large proportion of patients discharged after cesarean section have leftover opioids that they do not know how to dispose of properly. At our institution, there has been no formal education for providers regarding opioid prescribing after cesarean section. The aim of this quality improvement project was to educate providers and aid in having discharge opioid prescriptions mirror inpatient use of opioids.

Methods:

Providers responsible for discharging patients after cesarean section received an email educating them on discharge opioid prescribing. The email included a script regarding a patient-provider discussion about postoperative pain management. They were also instructed to assess the patient MAR and try to tailor discharge opioid prescription to inpatient opioid usage. Patients included in data analysis were all cesarean section patients (elective or unscheduled), excluding those with a history of opioid use disorder or chronic opioid usage and excluding those with post-operative wound complications. Charts were analyzed to evaluate percent of patients taking opioids on day of discharge, percent of patients discharged home with opioid prescription, and average number of opioids per patient. Prescribers were also surveyed to evaluate what effect they felt the intervention had on their prescribing practices.

Results:

Overall the percent of opioid prescriptions at time of discharge slightly increased after the intervention, however the average number of opioids prescribed per patient was noted to decrease from 14 tablets per person to 11 tablets per person. The data was likely confounded by the coronavirus pandemic which caused a push for earlier discharge postoperatively.

