Would you like Opioids with your Order? An Audit

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Introduction
Worldwide opioid prescribing has increased, along with rising rates of admissions to substance-treatment programs and opioid-related deaths1. In NZ, while GPs have been alerted to increasing prescribing rates of strong-opioids for non-cancer pain, research suggests many opioid prescriptions are hospital generated2. HQSC data shows continual increase in strong opioid usage. Variation exists between DHBs; no published data is available for NZ private hospitals3. Concerns regarding post-operative use of long-acting opioids were recently voiced by the Australian and NZ College of Anaesthetists4.

Aim
For post-operative patients at discharge to measure and establish baseline of:
1. Total amount of strong opioid prescribed
2. Frequency of long-acting opioid prescribing and average duration of supply
3. Identify improvement opportunities in general/individual’s prescribing practice

Method
A tool was developed to audit two orthopaedic wards; 50 discharge CD prescriptions per ward were reviewed. The total amount of opioid prescribed (as milligram equivalents of morphine) was recorded. The proportion of prescriptions including long-acting opioids and average duration of supply was measured. The audit was repeated after any subsequent intervention.

Results
Total amount of strong-opioid supplied at discharge, on average per prescription, was 1669mg (1330mg ward A, 339mg ward B). Long-acting opioids were prescribed on 58% (ward A) and 18% (ward B) of discharge prescriptions. Of note, 60% of ward A’s prescriptions had an average 14-day supply of long-acting opioids. Individual prescriber level analysis explained significant variation between wards. Two interventions were executed, each followed by audit. Both interventions led to a demonstrable decrease in total opiate prescribing (999mg vs. baseline); of note (1330mg to 381mg) on ward A between 1st and 3rd audits.

Conclusion
We established baseline data outlining existing opioid prescribing habits. Subsequent interventions, alongside best practice recommendations from peer professional bodies, resulted in improved opioid prescribing.

References

Justification for Presentation
Strong opioid use is topical internationally and increasing in NZ3. Performing approximately 15,000 operations/year, MercyAscot may be contributing to this rise; as may DHBs. Pharmacists need to be aware and work actively with prescribers towards responsible opioid management across care-interfaces.