DESCRIPTION

Opioid use has increased sharply in the US with overdoses tripling since the 1990s. In Utah, accidental drug overdose is the number one cause of maternal death in the first year postpartum.1 Intermountain Healthcare engaged in an initiative to reduce the total number of opioid pills prescribed for acute conditions by 40% in 2018 and then followed that up with an additional 5% reduction for 2019.

AIM

To reduce the number of opioid pills prescribed for immediately postpartum women by 40%.

OPIOID PRESCRIPTION REDUCTION STRATEGIES

1. Identify the Problem
   Creation of a system-wide Pain Management committee to address the issue of opioid prescribing and addressing the epidemic.

2. Key Stakeholders Engaged
   Senior leadership set a system goal to reduce acute prescribing by 40% in 2018 and then an additional 5% in 2019 above first year gains.

3. Measure the Problem
   Interdisciplinary team created an opioid prescription data mart, broken out by service line, to capture prescriptions across the continuum of care.

4. Survey the Patients
   A survey was sent to all postpartum women asking how many opioid pills were prescribed and how many were used during the postpartum period. Similar surveys were conducted for GYN surgeries.

5. Engage Providers
   System wide goal was discussed in provider meetings, survey results discussed, prescribing parameters set.

6. Provide Resources
   Educational resources regarding pain management for patients and providers distributed. Mom/Baby nursing focusing on non-opioid pain control.

7. Set a Goal
   Using survey data a recommendation for <20 opioid pills for cesarean and no recommended opioids for vaginal deliveries was set.

8. Monitor Success
   Reports reviewed monthly by the Women and Newborns Clinical Program, Rx patterns by provider were identified.

9. Crucial Conversations
   Conversations were had by senior leaders with providers who were prescribing outside the parameters.

GOAL SUPPORT FROM THE ENTIRE SYSTEM

The Women and Newborns initiative was supported by work in many areas:

- W&N partnered with surgical services to facilitate survey development, execution and results.
- Intermountain partnered with our community’s “Use Only As Directed” campaign. The campaign included commercials, billboards, and a website. Campaign materials were posted in flyers, table covers, elevator door covers, and posters in hospital hallways.
- More than 2,500 employees attended trainings on preventing opioid misuse.
- Pain management education was provided to nursing staff on nonpharmacologic pain control.
- Opioid drop boxes were placed in all community pharmacies to encourage appropriate disposal of excess opioids.

RESULTS

We surveyed our maternity patients to determine the number of opioid pills that were being consumed post delivery for both vaginal and cesarean deliveries. Baseline data was presented to providers with a recommendation to prescribe <20 pills for cesarean deliveries and no opioids for vaginal deliveries.

The total number of opioid pills prescribed was reduced by 35.2% in 2018. Additional reductions of 25% have been attained YTD in 2019. This is a reduction of 226,538 pills removed from our community.

LESSONS LEARNED

- Identifying what patients are actually consuming for pain associated with delivery was essential.
- Care providers are well aware of the risks and make changes once data is available.
- Opioid interventions benefit from the current spotlight on the opioid epidemic and from community initiatives.
- Collaborating statements from ACOG and AIM were helpful.