Compass SHARP

Surgical Opioid Stewardship Protocols & PDSA Cycles

COMPASS HEALTHCARE COLLABORATIVE
Sustainable Healthcare Transformation

Establish a formal multidisciplinary Opioid Stewardship Program

Protocol:
Form a leadership-sponsored committee with anesthesia, surgery, nursing, pharmacy, addiction medicine, and quality. Define aims, metrics, reporting structure, and accountability. Create policies aligning with Centers for Medicare and Medicaid Services (CMS) and Joint Commission requirements.

Sample Plan Do Study Act (PDSA) Cycle:
Plan: Form a committee and draft a charter. Do: Launch pilot meetings with the surgical service. Study: Track meeting attendance, policy adoption. Act: Expand the program hospital-wide.

Pre-operative universal screening & medication reconciliation

Protocol:
Perform standardized pre-op screening for opioid use, Opioid Use Disorder (OUD), and medication reconciliation. Quantify daily Morphine Milligram Equivalents (MME). Use structured templates and communicate with perioperative teams. Provide taper counseling if appropriate.

Sample PDSA Cycle:
Plan: Train pre-op nurses on the screening tool. Do: Implement with 1 surgical service. Study: Measure percent of patients screened. Act: Roll out to all services.

Shared decision communication + personalized pain plan

Protocol:
Counsel patients preoperatively about pain expectations, multimodal approaches, and opioid taper/disposal. Document plan in Electronic Health Record (EHR) and provide written instructions.

Sample PDSA Cycle:
Plan: Create a patient education handout. Do: Pilot handout in ortho clinic. Study: Survey patient understanding. Act: Update materials and expand use.

Continue MOUD (buprenorphine, methadone, naltrexone) when possible

Protocol:
Develop perioperative pathways for patients on Medication for Opioid Use Disorder (MOUD). Avoid abrupt discontinuation. Involve addiction specialists—document plan in perioperative orders.

Sample PDSA Cycle:
Plan: Draft MOUD perioperative protocol. Do: Pilot in anesthesia service. Study: Track MOUD continuation rates. Act: Incorporate into hospital-wide order sets.

Co-prescribe or offer naloxone to at-risk patients

Protocol:
Dispense naloxone at discharge for patients on ≥50 MME/day, concurrent benzodiazepines, or history of OUD/overdose. Provide counseling on use and document education.

Sample PDSA Cycle:
Plan: Add naloxone order to discharge sets. Do: Pilot in general surgery. Study: Measure the percentage of at-risk patients receiving naloxone. Act: Expand hospital-wide.

Use multimodal and opioid-sparing analgesia intra-op and post-op

Protocol:
Standardize multimodal analgesia protocols (acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), gabapentinoids, local/regional blocks). Train anesthesia and post-anesthesia care unit (PACU) nurses. Integrate into Enhanced Recovery After Surgery (ERAS).

Sample PDSA Cycle:
Plan: Draft multimodal order set. Do: Implement in colorectal service. Study: Track opioid use reduction. Act: Scale to other services.

Standardize post-op prescribing by procedure

Protocol:
Adopt evidence-based prescribing guidelines by procedure. Build EHR defaults with conservative quantities. Track MME prescribed at discharge.

Sample PDSA Cycle:
Plan: Develop procedure-specific tables. Do: Pilot in orthopedics. Study: Compare pharmacy quantities vs baseline. Act: Expand to all specialties.

Triage opioid-naïve vs chronic opioid users vs OUD

Protocol:
Create algorithms for perioperative pathways: opioid-naïve (minimal discharge pharmacy), chronic opioid therapy (document baseline MME, optimize), OUD (continue MOUD, addiction consult).

Sample PDSA Cycle:
Plan: Draft triage flowchart. Do: Train pre-op clinic staff. Study: Audit documentation of pathways. Act: Standardize into EHR workflows.

Naloxone + overdose education prior to discharge

Protocol:
Ensure at-risk patients receive naloxone and counseling before discharge. Track dispensing rates as a quality metric.

Sample PDSA Cycle:
Plan: Train discharge nurses. Do: Pilot in trauma service. Study: Track naloxone dispensing rates. Act: Expand protocol hospital-wide.

Medication safety practices

Protocol:
Implement strict storage, PACU counts, waste witnessing, reconciliation, and patient disposal instructions at discharge.

Sample PDSA Cycle:
Plan: Review current med safety policy. Do: Pilot in PACU. Study: Track discrepancies. Act: Update hospital policy.

Education & competency for staff and patients

Protocol:
Train prescribers, nurses, and pharmacists on stewardship, naloxone, and MOUD. Provide teach-back for patients and caregivers.

Sample PDSA Cycle:
Plan: Develop a training module. Do: Pilot with anesthesia staff. Study: Pre/post knowledge assessment. Act: Roll out mandatory education hospital-wide.

Measurement & reporting

Protocol:
Collect metrics (opioid use, naloxone distribution, prescribing rates, OUD management) and report quarterly to leadership.

Sample PDSA Cycle:
Plan: Identify baseline metrics. Do: Pilot data collection in one service. Study: Review trends. Act: Create dashboards and expand hospital-wide.

Ensure legal/regulatory alignment

Protocol:
Map policies to Joint Commission, CMS, and DNV standards. Maintain documentation for survey readiness.

Sample PDSA Cycle:
Plan: Gap analysis of standards. Do: Update policies. Study: Mock survey review. Act: Submit updated policies to the compliance committee.

PDSA Resources and Staff Education

- Institute for Health Improvement PDSA Worksheet and instructions
- Coin Spin PDSA Exercise
- PDSA Exercise with Mr. Potato Head

Sources

- Centers for Disease Control and Prevention. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recommendations and Reports, 71(3), 1–95. https://doi.org/10.15585/mmwr.rr7103a1
- Centers for Disease Control and Prevention. (2024). Life-Saving Naloxone: Help Reverse an Opioid Overdose. Retrieved from https://www.cdc.gov/drugoverdose/naloxone
- Centers for Medicare & Medicaid Services (CMS). (2019). CMS Opioid Misuse Strategy 2016–2021: Opioid Roadmap. Retrieved from https://www.cms.gov/about-cms/story-page/cms-initiatives-to-combat-the-opioid-crisis
- Comagine Health. (2023). Hospital Opioid Stewardship Guide. Retrieved from https://comagine.org/
- Enhanced Recovery After Surgery (ERAS®) Society. (2022). ERAS Guidelines: Recommendations for perioperative care. Retrieved from https://erassociety.org/
- Hah, J. M., Bateman, B. T., Ratliff, J., Curtin, C., & Sun, E. (2017). Chronic opioid use after surgery: Implications for perioperative management in the face of the opioid epidemic. Anesthesia & Analgesia, 125(5), 1733–1740. https://doi.org/10.1213/ANE.0000000000002458
- Hah, J. M., Sharifpour, M., Zhang, H., et al. (2022). Preoperative opioid use is associated with worse two-year patient-reported outcomes after hand surgery: A retrospective cohort study. Journal of Hand Surgery Global Online, 4(1), 21–28. https://doi.org/10.1016/j.jhsg.2021.11.002
- Joint Commission. (2018). National Patient Safety Goals Effective January 2018 for the Hospital Program. Retrieved from https://www.jointcommission.org
- Joint Commission. (2019). R3 Report: Requirement, Rationale, Reference. Medication for Opioid Use Disorder (MOUD). Retrieved from https://www.jointcommission.org
- Michigan Opioid Prescribing Engagement Network (Michigan OPEN). (2024). Surgical opioid prescribing recommendations. Retrieved from https://michigan-open.org/prescribing-recommendations
- Oderda, G. M., et al. (2020). Quality indicators for opioid stewardship in hospitals: A systematic review. Pain Medicine, 21(2), 349–359. https://doi.org/10.1093/pm/pnz210
- Soffin, E. M., & YaDeau, J. T. (2021). Enhanced recovery after surgery and perioperative opioid-sparing pathways. British Journal of Anesthesia Education, 21(2), 85–93. https://doi.org/10.1016/j.bjae.2020.11.004
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Medications for Opioid Use Disorder (Treatment Improvement Protocol 63). Rockville, MD: SAMHSA.
- State-level naloxone access laws. (2023). Retrieved from https://www.networkforphl.org/resources/naloxone-access-laws/
- Wunsch, H., Wijeysundera, D. N., Passarella, M. A., & Neuman, M. D. (2016). Opioids prescribed after low-risk surgical procedures in the United States, 2004–2012. JAMA, 315(15), 1654–1657. https://doi.org/10.1001/jama.2016.0130