Compass SHARP in Practice Microlearning Series

Module 12: Engaging Multidisciplinary Teams

Welcome to Compass SHARP in Practice, a quick high-yield learning session made for busy healthcare professionals like you. In each episode, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, we hope to sharpen your skills and build knowledge that helps you better care for your patients.

A Case

A surgeon and a quality director read about ERAS and enthusiastically develop new post-operative pain order sets—but without input from nursing, pharmacy, or anesthesia.

What is the result? The orders conflict with medication availability, nurses are not trained on new discharge counseling points, and pharmacy data are not reviewed to measure improvement.

What began as a good idea fails in implementation—not because of intent, but because of silos. Sustainable opioid stewardship depends on shared ownership across disciplines. No single role can achieve it alone.

Goal

Our goal in this module is to demonstrate how inclusive teamwork drives safer prescribing, stronger education, and better patient outcomes.

First, establish a core stewardship team that represents all disciplines. At minimum, include surgery, anesthesia, nursing, pharmacy, and quality improvement. Even in smaller hospitals, one engaged representative from each discipline can make the difference between a policy that exists only on paper and one that truly defines and improves care at every encounter.

Second, create structured communication loops. Use regular brief huddles or monthly review meetings to share prescribing data, identify workflow barriers and pinch points, and coordinate education. Quality leaders can ensure that data drives decisions rather than individual assumptions.

Third, share success visibly and often. Post dashboards, celebrate reductions in opioid prescribing, highlight patient safety wins, and credit every role involved. Transparency and recognition fuel engagement and help sustain meaningful change.

Back to the Case

Let's revisit our surgical unit example. This time, before implementing the new ERAS protocols, the team engages all key stakeholders. A pharmacist reviews dosing limits and medication stock, the nursing team tests workflows, and quality staff set up data tracking in advance.

The anesthesia team ensures alignment with ERAS protocols across all procedures. Within two months, post-operative opioid use drops by 40%, nursing satisfaction rises, patient length of stay decreases, and order compliance remains above 95%.

The difference wasn't a new policy—it was partnership.

Takeaways

- Form an active opioid stewardship committee or integrate it into an existing medication safety group, whichever is most feasible.
- Rotate leadership to ensure diverse perspectives and sustained engagement.
- Use PDSA cycles to test small improvements, such as adding multimodal prompts to EHR order sets or refining education scripts.
- Share results broadly, reinforcing that opioid stewardship is a team effort, not a solo endeavor.

Thank You

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Thank you for all you do caring for your patients.