



Compass SHARP in Practice Microlearning Series



Module 15: PDSA Cycle Example – Reducing Opioid Overprescribing

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

At Sacred Care Hospital, baseline data show that patients undergoing laparoscopic appendectomy are discharged with a median of 40 opioid tablets. Patient feedback indicates that most use fewer than five tablets, yet prescribing habits have not changed. Through Compass SHARP, the hospital has identified this as an opportunity for practice transformation. This is where structured quality improvement makes opioid stewardship practical, not just aspirational.

Goal

Our goal in this module is to apply the Plan-Do-Study-Act (PDSA) cycle to optimize opioid prescribing safely and sustainably.

First, Plan. Review baseline data to understand current prescribing patterns. Identify a clear goal, for example reducing the average number of tablets from 40 to 10. Select a small pilot group to test the change. In this case, patients of Dr. Smith, one of the general surgeons, are chosen.

Second, Do. Implement the intervention. This could include adding procedure-specific prescribing guidance to order sets or requiring pharmacist verification of discharge quantities. Dr. Smith and his team are trained and agree to better educate patients on multimodal therapy and to prescribe 10 tablets instead of the usual 40.

Third, Study and Act. After implementation, analyze the data. Did average quantities decrease? Were refill rates stable or increased? Use lessons learned to refine processes and spread improvements hospital-wide. Dr. Smith's team checks in with patients at follow-up and finds they are appreciative that their surgeon is mindful of medication risks, and their pain remains well controlled.

Back to the Case

Let's revisit our appendectomy example.

The hospital introduces new order set defaults, limiting postoperative prescribing to 10 tablets, and adds pain education checklists to nursing discharge instructions. Within one quarter, average prescribing drops from 40 to 10 tablets with no increase in pain-related calls or patient dissatisfaction. Many patients express gratitude that staff takes time to educate them on pain management and medication safety. The staff and hospital decide to scale this pilot to all surgical teams. Simple, data-driven steps can produce long-lasting impact.



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Takeaways

- Use PDSA cycles to test and scale opioid stewardship changes.
- Track outcomes such as tablet counts, refill rates, and patient satisfaction.
- Share progress widely; transparency builds momentum.
- Recognize success across teams to sustain engagement.

Thank You

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Thank you for all you do caring for your patients.