

A 3-year review of a hospital-based Opioid Stewardship Program

Category: Poster Presentation (in person)

Abstract Body

Background: In response to the opioid crisis and the contribution made by in-hospital opioid prescribing, an Opioid Stewardship Program (OSP) was implemented at an urban hospital in January 2020. Consisting of a clinical pharmacist and addiction medicine physician, the program provides recommendations to improve safety of opioid prescribing using an audit and feedback approach.

Objective: To compare the OSP's annual clinical activities during its initial three years of implementation (Year 1 [Y1]= Jan 2020 – Dec 2020; Year 2 [Y2] = Jan 2021 – Dec 2021; Year 3 [Y3]= Jan 2022 – Dec 2022) at St. Paul's Hospital in Vancouver, Canada.

Methods: Hospitalized patients with an active opioid order who were not admitted to a critical care unit or followed by a consulting service specializing in opioid prescribing (e.g. acute/chronic pain, addiction medicine, palliative care) were initially screened. The OSP pharmacist then triaged patients based on risk factors indicating inappropriate opioid prescribing (as generated by a computer algorithm) and completed audit and feedback accordingly. Recommendations were considered accepted if changes were implemented in the electronic medical record. Results of the audit and feedback were examined using descriptive statistics and compared annually using R version 4.2.2.

Results: Between Jan 2020 and Dec 2022, 9330 unique patient encounters were screened (3059, 2991 and 3280 for Y1, Y2 and Y3 respectively). Among the 3,920 patient encounters that were triaged by the OSP pharmacist for review (1084, 1032 and 1804 for Y1, Y2 and Y3 respectively), approximately 6,013 interventions were recommended among 1,946 unique patient encounters (576, 645 and 725 for Y1, Y2 and Y3 respectively). Furthermore, Year 3 observed a 50% increase in the number of recommended interventions compared to Year 1 (2400 versus 1599 respectively). Patient education, stopping as needed (PRN) opioid prescriptions, adjusting opioid dosage, and adding/increasing non-opioid analgesics were the most common interventions annually. Recommendation acceptance rate was $\geq 93\%$ across all 3 years.

Conclusion: The OSP provides ongoing support to improve the safety of opioid prescribing in-hospital and has resulted in an increased number of interventions recommended. Acceptance of these recommendations are high among hospital prescribers. Accordingly, OSPs should be considered for implementation in other acute care settings.

Key Words

- Behavioural Interventions
- Education
- Opioids/Opiates
- Pain
- Prevention/Harm Reduction

Learning Objective # 1

To understand the service delivery model of an innovative hospital-based opioid stewardship program

Learning Objective # 2

To identify strategies an OSP can offer in improving pain management and clinical care delivery in a hospital setting

Reference # 1

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Reference # 2

85. Xu K, Nolan S, Mihic T, Ti L. Improving opioid stewardship programs through shared decision making. *J Am Pharm Assoc.* May 2022; 62(3):697-700. PMID: 35221235.

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