

# Surgery and Opioids: Streamlining the Elective Patient Surgical Journey, A Service Improvement Project

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## Background

The Royal College of Anaesthetists Faculty of Pain Medicine 'Surgery and Opioids: Best Practice Guidelines 2021' makes recommendations for the perioperative management of opioids.

The perioperative period has been identified as a key point for opioid stewardship.

Specific recommendations include:

- patients taking opioids should be identified before surgery
- the Inpatient Pain Service (IPS) should be involved in the post-surgical care of the opioid tolerant patient.

## Aims

Our main aim was to ensure that elective surgical patients on regular strong opioids in community were identified in the Pre-Operative Assessment Clinic (POA) and referred to the IPS.

This allowed the IPS to review these patients post-operatively to ensure optimisation of analgesia and limit long term opioid dependence and misuse (opioid stewardship), which has been shown to improve outcomes for patients.

## Method

All patients identified as being on regular strong opioids by the POA clinic and referred to the IPS between 01/02/21 and 20/12/21 were retrospectively audited to assess whether they had been reviewed by the IPS post-operatively.

Following the introduction of a new system for identifying when patients were admitted for surgery, a retrospective reaudit was carried out of patients referred between 21/12/21 and 21/04/22.

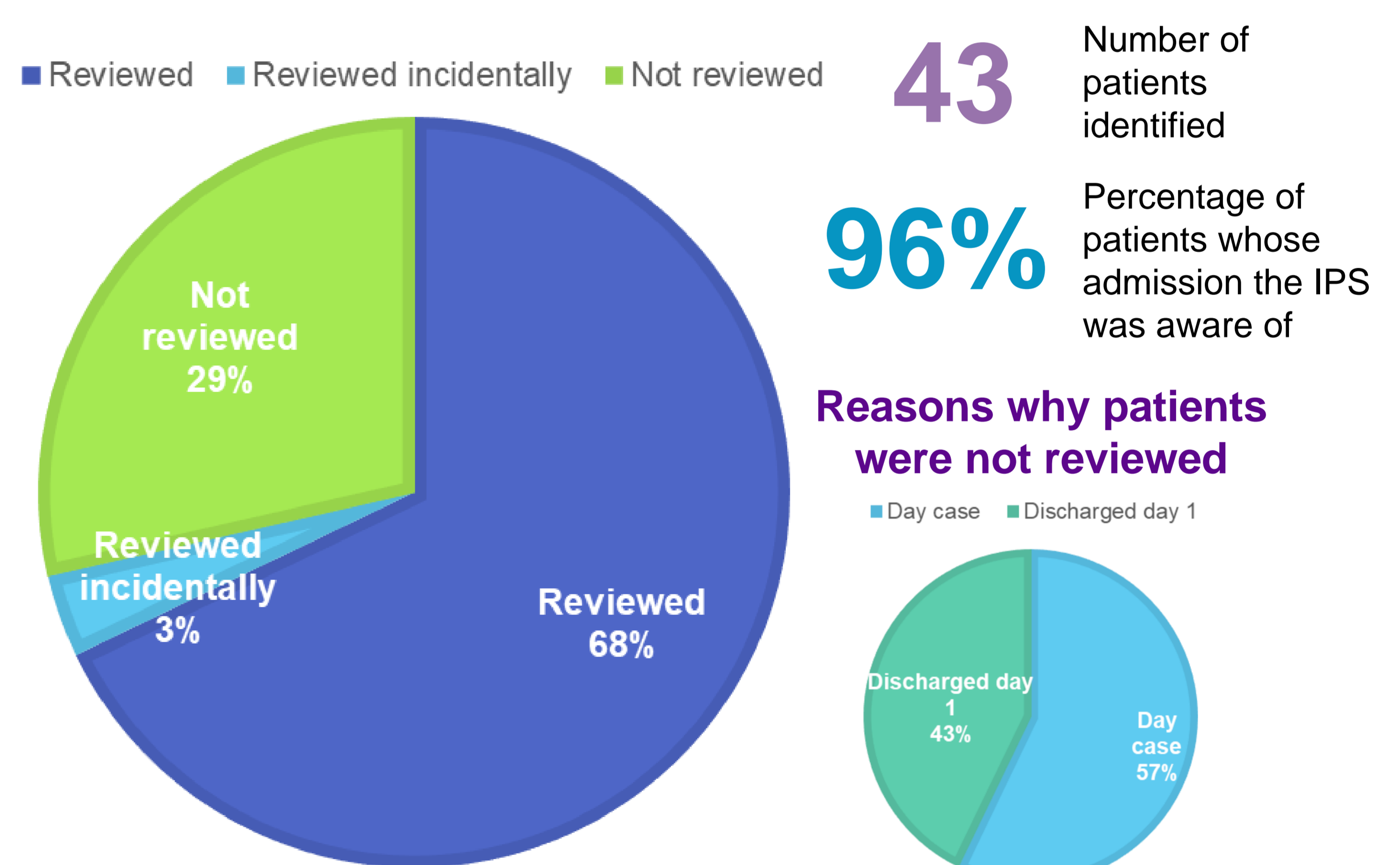
## Results

### Patients referred to the IPS via POA – Old referral system



During the first audit period, 103 patients were identified, 91 had been admitted for their surgery. The IPS was aware of admission for 14% of patients, a further 19% were picked up coincidentally. Of those who had been admitted for their surgery, 33% were reviewed face to face by the IPS, 67% were not reviewed. The low review rate was due to limitations in the referral system, which meant the IPS was not notified of admission for surgery.

### Patients referred to the IPS via POA – New referral system



During the second audit period, a total of 43 patients were identified, 28 had been admitted for surgery. The IPS was aware of admission for 96% of patients, all of whom were reviewed electronically. Of those who had been admitted for their surgery, 71% were reviewed face to face by the IPS, 29% did not require face to face review.

## Conclusion

The initial audit clearly demonstrated that our existing system for identification of referred patients was not effective, resulting in missed reviews.

The IPS undertook a series of improvements to address this. It was important to raise awareness around opioid stewardship in the context of surgery - teaching was provided to the POA and Recovery nurses. To ensure patients using regular strong opioids in community were being identified and referred to the IPS a visual reference poster was created for POA nurses.

In collaboration with Trust IT Services a new system was developed utilising iClip and Tableau to automatically notify the IPS of any referred patients admitted to the hospital. The number of patients identified on admission increased from 14% to 96%. We are continuing to work with the IT Team to streamline the current referral process and integrate it into our existing referral systems to prevent any further patients being missed.

Through this service improvement project the IPS has been able to raise awareness of the importance of opioid stewardship with staff at multiple points in the patient elective surgical pathway. The IPS has dramatically improved the number of patients already established on opiates prior to surgery who were identified on admission. As a result, the percentages of referred patients who received electronic and face to face reviews significantly increased, in line with the 'Surgery and Opioids: Best Practice Guidelines 2021'. This has enabled the IPS to improve the care we provide to elective surgical patients, with a goal of enhanced opioid stewardship and better patient outcomes

When to refer to the Inpatient Pain Service

Step 1	Step 2	Step 3	Adjuncts
Paracetamol	Dihydrocodeine	<b>Morphine</b> (Usually tablets or liquid, can be immediate release or modified release. <i>e.g. Oxamorph, Serranol, MS1, Tramadol</i> )	Pregabalin
Ibuprofen and other NSAIDs	Codeine	<b>Oxycodone</b> (Usually tablets or liquid, can be immediate release or modified release. <i>e.g. Oxycodone, Oxycodone, Gabap, Lorazepam</i> )	Gabapentin
	Tramadol	<b>Fentanyl</b> (Often patches prescribed in mg/hr, can also be buccal tablet, sublingual tablet or lozenges)	Duloxetine
		<b>Buprenorphine</b> (Often patches prescribed in mg/hr, can also be sublingual tablet)	Amitriptyline
		<b>Tapentadol</b>	

Patients for DAY SURGERY only DO NOT need to be referred.

Patients with GREEN medications DO NOT need to be referred. Patients with RED medications DO need to be referred.

Patients with YELLOW medications MAY need to be referred. Tramadol 50mg does not need to be referred. Tramadol 100mg does need to be referred.

If you are unsure, please contact the Inpatient Pain Service on bleep 6477, or extension 2080 or 5401. We will be happy to help.

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## References

Wilkinson, P., Srivastava, D., Bastable, R., Carty, S., Harrop-Griffiths, W., Hill, S., Levy, N. and Rockett, M., 2020. Surgery and opioids: best practice guidelines 2021.