

BACKGROUND

The improper use of opioids for chronic pain treatment by healthcare providers in recent years has resulted in an opioid addiction epidemic, claiming the lives of tens of thousand of individuals (National Institute on Drug abuse, 2018). The amount of prescription opioids used per person in the United States was three times more in 2015 than it was in 1999, according to data from the Centers of Disease Control and Prevention (CDC, 2017). The opioid epidemic that has been affecting the United Sates in recent years has been linked to this gradual rise in opioid prescriptions. The CDC estimated that in the US, overdoses involving opioids claimed the lives of almost 50,000 people in 2019.

PURPOSE

The aim of this quality improvement project is to examine the medical practices and training of healthcare providers concerning opioid prescription, using the Centers for Disease Control and Prevention’s guidelines to treat chronic pain.

THEORETICAL FRAMEWORK

According to Lewin, there are three stages that a change must go through before it can become a part of a system: unfreezing, moving, and refreezing. Unfreezing the initial stage where change is recognizing as necessary, and people need to let go of their old patterns or behaviors. In the case of prescribing opioids, many providers may be using outdated and unsafe practices that could compromise the quality of patient care. Unfreezing allows providers to gain a better understanding of how to decrease over prescription of opioids by following the CDC’s guidelines and adjust their prescribing practices accordingly. Once this unfreezing process takes place, providers can then move forwards with implementing the necessary changes to their prescribing habits. Finally, refreezing establishes a new equilibrium where the changes have become a normal part of the system (Lewin, 1939).

METHOD

The methodology used was the Plan-Do-Study-Act framework. A total of 120 charts were reviewed before the pre- and post-implementation of the CDC’s guidelines to assess the prescribing practices of health care providers.

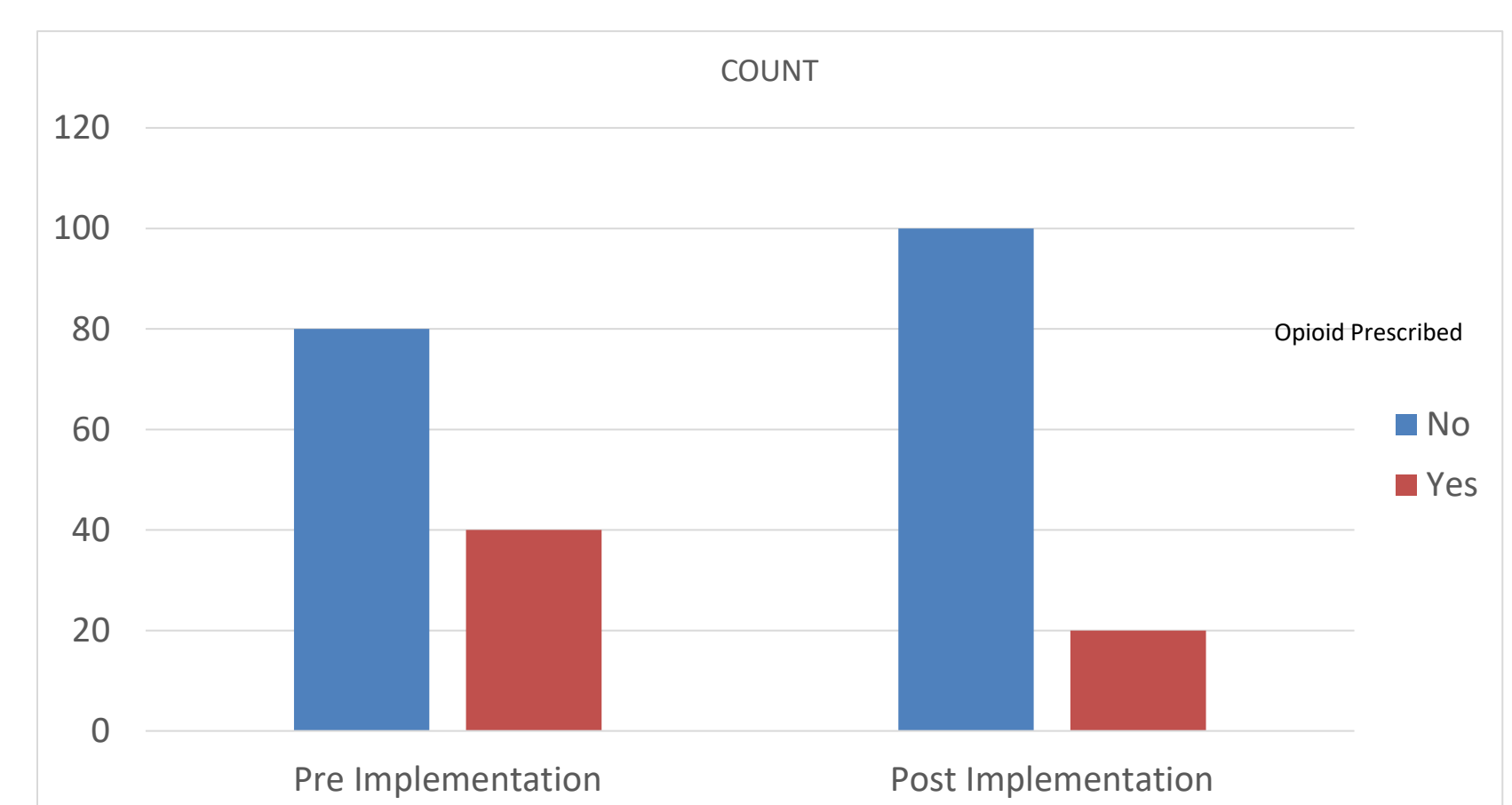
SQUIRE

QI project follows SQUIRE’s 2.0 guidelines to describe the prescribing practices of providers. SQUIRE is a framework that helps researchers report new knowledge on improving patient care in the health care system.

OUTCOME

After implementing the CDC’s guidelines for evaluating the prescribing practices of healthcare providers, the prescription rates for opioids decreased from 33.3% before implementation to 16.7% after implementation.

RESULTS



IMPLICATIONS TO NURSE PRACTITIONERS

Undertaking a quality improvement project can bring significant benefits to nursing education, clinical practice, and research. Firstly, it can serve as a valuable tool for nurse educators in academia to impart knowledge about the significance of QI projects in healthcare systems and equip students with skills to enhance patient care and prevent addiction. Secondly, QI projects can aid practitioners in monitoring patients receiving opioid medications, mitigating addiction, and ensuring safe care, thereby contributing towards the larger goal of combating the opioid epidemic. Lastly, conducting more research on providers’ preparedness, motivation, and readiness to prescribe opioids for chronic pain treatment can yield crucial insights into enhancing the quality care and reducing the risk of addiction.

CONCLUSION

The overuse of opioids is a major factor in the growing opioid epidemic. The inadequate understanding of how to prescribe opioids safely and effectively has led healthcare providers to realize the importance of providing appropriate care for patients with a history of chronic pain. The results of quality improvement initiatives have shown that implementing the Centers for Disease Control and Prevention’s guidelines has helped to reduce the rate of opioid prescriptions at pain management clinics. Therefore, it is essential to integrate these guidelines to effectively address the opioid crisis that our country is currently facing.

REFERENCES

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