

Reducing Opioid Consumption Post-Cesarean Birth: Quality Improvement

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Quality improvement is crucial to nursing as healthcare constantly changes and evolves. Quality improvement assesses what could be changed to be beneficial in the nursing field. The Quality and Safety Education for Nurses (QSEN) has six competencies to prepare future nurses to make an impact. These competencies include Patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (QSEN Institute, 2020). The competencies are to be taught in nursing programs and provide a framework in nursing practices for all nurses. Quality improvement applies evidence-based knowledge and skills to plan, test, and implement adjustments to healthcare delivery and patient outcomes (QSEN Institute, 2020). As well as utilizing positive attitudes to appreciate the constant change in healthcare to improve patient care. The widespread abuse of opioid drugs and excessive prescription of these drugs after surgeries are the leading causes of the current opioid crisis in the United States, which has been labeled a public health emergency. The article is a quality improvement study to help reduce opioid administration post-cesarean while having no adverse effect on pain relief (Kahn et al., 2021). This study can help reduce the opioid epidemic and prevent a woman from developing a substance use disorder after birth.

Article Summary

This article discusses a significant association between having a cesarean delivery and developing an opioid use disorder in nearly a single woman out of every three hundred women who have never been introduced to opioids (Kahn et al., 2021). The treatment for post-cesarean pain needs to be personalized because pain is subjective. The woman's desired outcomes need to be satisfied, but she also needs to be able to provide care for her newborn safety, which needs to

be balanced so then can post-cesarean pain be effectively managed. Quality improvement relating to the opioid epidemic is significant, especially for mothers caring for newborns.

Introduction

This article is a quantitative study on reducing post-cesarean consumption. Education provided a significant factor in this article for educating the risks of opioid use and nonpharmacological interventions and how to communicate with nurses therapeutically, and how to educate patients. The article highlights interventions used, patient satisfaction, risks to the patient, and the percentages of opioid prescriptions used (Kahn et al., 2021). This article is a quality improvement project because reducing opioids is a need for all patients due to the opioid epidemic.

Overview

The research article highlights the concern about opioid consumption in mothers; this concern is also for every patient with opioid use. When focusing on a concern with the mother's use of opioid consumption, it also has concerns for the baby. If a mother were to become dependent on opioids and lead to abuse, this could also affect the well-being of a newly born child. The article exercises the Plan, Do, Study, Act process model to monitor continuous quality improvement (Kahn et al., 2021). The QSEN competency in quality improvement uses skill in the article by using a visualized tool with milestones or goals incorporating the preference of the patient's plan for pain management after birth. This article also acknowledged how unwanted variation affects care by not withholding opioids from patients but further educating them with nonopioid medication as an option. Measurement was valued and discussed in the articles as the risks of utilizing other options for pain management.

Quality Improvement

This article used physicians and nurse practitioners specializing in pain management to gather data and support the evidence of signs and symptoms at which opioid withdrawal begins in dosage after opioid consumption after cesarean birth. In the pre-implementation stage to decrease opioid consumption and prescribe for discharge, the obstetric care team, including mother-baby nurses, midwives, obstetricians, nurse practitioners, post-operative care, and other multidisciplinary teams, discuss their pain management regimens regarding cesarean birth.

The team created a pathway titled "Your Plan After Cesarean" to share with women on admission with plans for a cesarean birth (Kahn et al., 2021). This pathway includes nonpharmacologic and pharmacologic interventions during the procedures and every 4 hours up to day three after birth. The article's intra-implementation stage includes determining the patient's goals for their plan after cesarean and cooperating that into the "Your Plan After Cesarean" pathway (Kahn et al., 2021). This pathway is used as a visual tool to educate patients about pain management options and to help discuss their goals and the hospital's goal to improve recovery. In the quality improvement project, this stage also includes documenting the care provided, reports of pain, and all treatment measures noted, including the education provided to the patient and their family (QSEN Institute, 2020).

Post implementation, extraction of the data in the medical record report was performed. The data included inpatient opioid use and opioid discharge prescriptions, and patient feedback regarding satisfaction with pain management. Reducing opioid consumption can financially make an impact. Nonpharmacological interventions may be less expensive in some situations but would increase the nursing workload in return (Kahn et al., 2021). The nurses would need more

resources to help educate patients and provide interventions due to increased finances with the more nonpharmacological interventions, like abdominal girths. Patient satisfaction could increase or decrease depending on the experiences and the patient's perception of pain. Patients who are well and mindful of pain management could be more satisfied with fewer opioids and education on other options. The patient's satisfaction could also decrease if many patients experience pain with little tolerance compared to others. Due to subjective pain, satisfactory rates will depend on how the patient feels the pain and how comfortable they are. By any means, nurses are not withholding pain medications, but instead of stating when the following medication is due, the nurse states when it will occur to help educate that it is not required at that time but can occur if needed (Kahn et al., 2021). These changes can help educate patients on not always needing pharmacological intervention, especially an opiate.

Opiates are not just used for pain management post-cesarean. They can be used for post-surgical pain, severe pain with trauma or disease, coughing, and diarrhea. Therefore, this article can help provide insight for all units and patients with any risk of needing opioid medication. Overall, nursing and patient safety should increase in the quality improvement project. Opiates have several side effects with high risks, which makes safety a concern, and decreasing the use of opioids decreases the risk of abusing opioids.

Application to Nursing

Healthcare as a whole is actively trying to be aware of the use of opiates due to the current opioid epidemic. Education courses and certificates are available to practice safely prescribing opioids. Mothers are more educated now than ever on the benefits of reducing opiate use in pain management during labor. A substantial research study needs to be done individually

on each intervention to reduce opioid use in pain management for post-cesarean medication effectiveness compared to patient satisfaction.

Practice

The article discussed throughout this paper reveals a method to reduce the use of opioid medications by creating a pathway individualized to the patient's plan after the cesarean birth (Kahn et al., 2021). The pathway will utilize the patient's and their healthcare team's goals to manage pain effectively. Controlling pain with nonopioid medication around the clock will help decrease the use of opioid medications. In between doses of medication, nurses must implement nonpharmacological interventions, which are individualized methods discussed with the patient preoperatively.

Education

There are risks to using opioid medications, nonopioid medications, and nonpharmacological interventions. Nurses must educate their patients about opioid risks and benefits and provide them with information on nonopioid pain relief options available. There are guidelines for staff to know what precautions to take with reducing opioid medications. Patients are at risk for increased postpartum depression or impaired bonding between the mother and infant when pain management is ineffective. Therefore, nurses need education on administering nonopioid medications routinely and assessing and recognizing signs of effectiveness or if the patient needs more intervention for pain management. Providers need education regarding the use of prescriptions. Kahn et al. (2021) discuss how often providers will prescribe opioids for the use of discharge when the mother was not using opioids during the inpatient stay. Providers were

encouraged to wait until closer to discharge to reassess patients and determine if there is a need for home medication.

Research

Each patient reacts differently to interventions implemented by the nursing staff attempting to reduce pain. Further research would benefit from studying the effects of nonpharmacological therapies on pain management. Individualizing comfort measures could be made more accessible with a better understanding of the sociodemographic and obstetrical factors that affect inpatient opioid intake (Kahn et al., 2021). Further investigation must determine how utilizing evidence-based interventions impacts professional prescribing patterns and potential insufficient pain treatment.

Conclusion

Quality improvement is essential in healthcare to implement changing practices and keep up with new research evidence. Quality improvement studies could help achieve more efficient patient safety and care. Knowledge of quality improvement provides different strategies and approaches for improving patient care (QSEN Institute, 2020). Skills in quality improvement are how to achieve the improvement and measure its effectiveness (QSEN Institute, 2020). Attitudes toward quality improvement focus on the importance of change and valuing all contributions to improve care (QSEN Institute, 2020). The article utilized the knowledge, skills, and attitude competencies of quality improvement to show the significance of reducing opioid consumption in post-cesarean births. Reducing opioid use is a significant quality improvement topic in all healthcare aspects. Opioids should not be used as a first line of treatment when attempting to reduce pain, as they have in the past. Reducing exposure to prescription opioids can help prevent worsening of the opioid epidemic and substance use.

References

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