

# Evaluation of communication to General Practitioners when opioid-naïve post-surgical patients are discharged on opioids

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## Background

The opioid crisis has seen increased focus on minimising opioid quantities supplied to surgical patients on discharge. Research is limited regarding how hospitals communicate post-operative opioid prescribing information to General Practitioners (GPs) responsible for ongoing care.

## Aims

- Evaluate the accuracy of opioid medication information and the prevalence of opioid management plan (OMP) inclusion in hospital discharge summaries;
- Explore GPs' opinions about discharge communication and difficulties in ongoing management when opioids are prescribed for opioid-naïve post-surgical patients.

## Method

This study comprised two components: an evaluation of hospital discharge summaries, and a GP survey. A retrospective audit of discharge summaries for opioid-naïve surgical patients supplied with an opioid on discharge in January 2018 was conducted.

Summaries were evaluated for accuracy relating to omission or commission of opioid or discrepancy in strength, dose or quantity supplied and presence of an opioid management plan.

The GP survey was distributed electronically and by mail. The survey sought quantitative and qualitative opinions regarding: quantities of opioids supplied, adequacy of communication about hospital-initiated opioids in discharge summaries, challenges experienced in opioid management for these patients and suggestions for improvement.

## Results

### Discharge summary audit:

There were 527 surgical patients discharged during January 2018, of whom 387 were supplied at least one opioid medication. Of these, 285 (73.6%) were opioid naïve and were included in the analysis. Of the 285 opioid naïve patients who were supplied with an opioid, 258 had a discharge summary completed and were analysed.

### General Practitioner survey:

Of the 57 GP surveys completed, 41 (71.9%) GPs stated they rarely or never receive an OMP and 34 (59.7%) were dissatisfied or very dissatisfied with information provided about opioid supply and management. Responses were mixed regarding quantity of opioids supplied, with 22 (38.6%) stating the quantity was usually appropriate. Qualitative responses highlighted difficulties GPs experience managing these patients, differing patient expectations regarding treatment durations and the need to improve communication at transition.



	Opioid naïve patients commenced on an opioid
<b>Discharge summary accurate, n (%)</b>	
Name	<b>214 (83.0)</b>
Strength	248 (96.1)
Frequency	245 (95.0)
Quantity	243 (94.2)
	220 (85.3)
<b>Inclusion of an opioid management plan, n (%)</b>	<b>33 (12.8)</b>

'Often patients are started on opioids unnecessarily and are abandoned on them by the hospital, expecting GPs to manage addiction and side effects'

'No idea how long the surgeon expects the patient will be in pain for. No idea how many tablets dispensed to patient. When patient comes in asking for more, I don't know if this is reasonable'

'Not given a reducing regime for the opioid. Told to see GPs if they need more''

'Patient expectations that they can be continued indefinitely in the community, as there has been no clear communication to the patient....'

'A finish date and conversation with the patient or tapering doses and ceasing is essential before leaving hospital to set the appropriate expectation'

'No clear instruction about duration, and management plan'

'Most post-op patients I have seen, I had to increase pain management for another 1 week or so'



## Conclusion

Our study demonstrates deficiencies in communication between hospitals and GPs regarding opioids that are commenced in opioid-naïve surgical patients. Future studies should explore interventions and strategies to improve this.