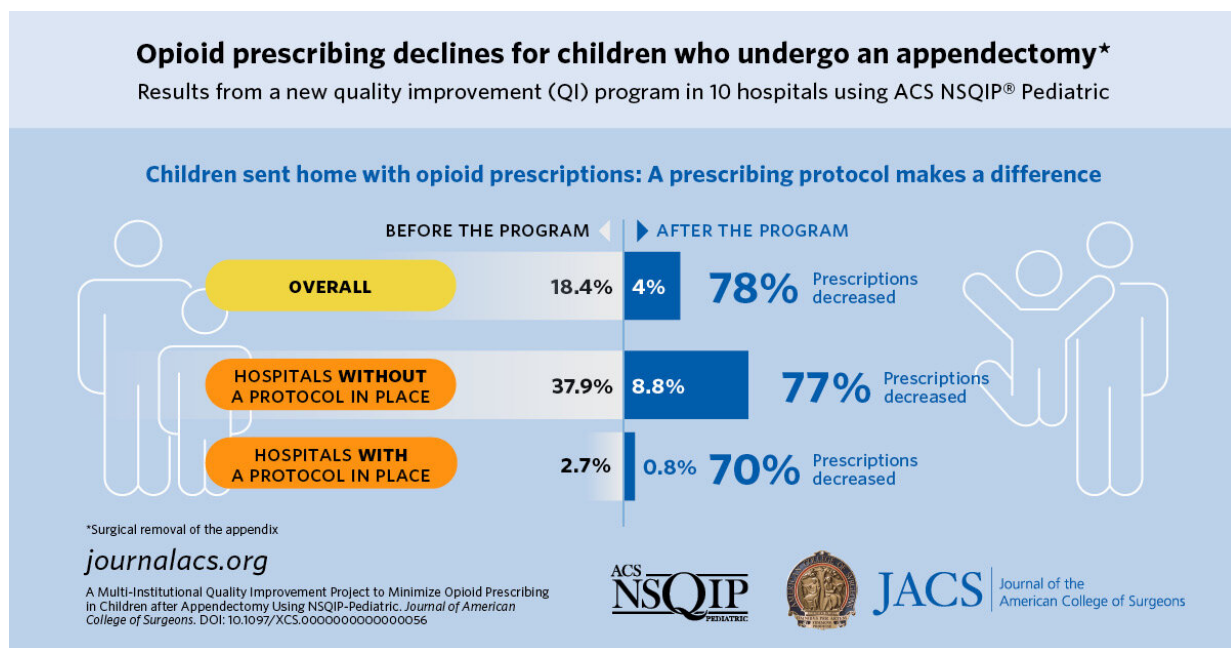


# Ten hospitals reduce opioid prescriptions for children with appendicitis through a quality improvement initiative

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Opioid prescribing declines for children who undergo appendectomy infographic. Credit: American College of Surgeons

As public awareness of opioid abuse in the U.S. has grown, so too have efforts to reduce—or even eliminate—the use of opioids after various types of operations. A regional quality improvement (QI) effort to reduce opioid prescriptions in children who have undergone an

appendectomy has led to an almost 80% reduction in prescribing. The study involved implementing a standardized prescribing protocol that aimed to significantly curtail opioid prescriptions for these young patients.

"We were able to demonstrate that we could minimize [opioid](#) prescribing and at the same time still show there was no increase in [emergency room visits](#) after surgery or that families were dissatisfied with pain management," said lead study author Lorraine Kelley-Quon, MD, MSHS, FACS, [pediatric surgeon](#) at Children's Hospital Los Angeles, and assistant professor of clinical surgery and population and public health sciences at Keck School of Medicine of the University of Southern California.

Study results from this QI initiative at 10 children's hospitals in the western U.S. have been published online in the *Journal of the American College of Surgeons*. The study included 1,524 children who had appendectomies at the 10 hospitals; all are members of the Western Pediatric Surgery Research Consortium.

## Study background

Appendectomy is the most common operation in hospitalized children. "We wanted to do a project to minimize the variation in opioid prescribing for children that undergo appendectomy. The way we wanted to do that was to use an already existing data infrastructure, the American College of Surgeons National Surgical Quality Improvement Program Pediatric platform, to streamline that process," Dr. Kelley-Quon said. Developed in collaboration with the American Pediatric Surgical Association, ACS developed the pediatric version of NSQIP specifically for specialties in children's surgery. Similar to ACS NSQIP, the pediatric program enables participating hospitals to collect highly reliable clinical data and compare their surgical outcomes with the

outcomes of other participants in the program.

Previous studies have found that typically half or more of opioid prescriptions families receive after surgery go unused. "There has been a great amount of data in the last few years that have shown that most children undergoing surgery who receive an opioid prescription receive more opioids than are actually necessary," Dr. Kelley-Quon said. She noted that half of the hospitals in the study already had a protocol in place to minimize prescribing opioids to children after appendectomy, but the remainder had no standardized protocol for prescribing opioids and the practice varied among surgeons.

### **Study details**

The protocol used recently published guidelines, which Dr. Kelley-Quon coauthored, for opioid prescribing in pediatric surgery patients. The implementation was focused around three pillars, Dr. Kelley-Quon explained:

- educating health care providers about the risks of misuse and abuse related to unused prescription opioids
- emphasizing use of over-the-counter non-opioid pain medicine, such as acetaminophen and ibuprofen
- engaging families in the child's post-surgery pain management

### **Study findings and conclusions**

After the QI program was implemented the researchers reported that:

- 4% of children went home with opioid [prescriptions](#) compared with 18.2% beforehand (*p*

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