11. Discharge prescribing

Although improving the prescribing of opioids on discharge is not included in the emerging composite bundle, DHB teams involved in the safe use of opioids national collaborative also focused on this issue (Table 11). This issue included prescribing an appropriate agent, dose and quantity of opioids on discharge.

Table 11: Purpose, change ideas and lessons learned in relation to improving discharge prescribing of opioids

What	How	Lessons learned
Provide patient-centric education using standardised information for consistent messaging	• Organise a pharmacist to give patients an information leaflet. • Give the patients enough time to read the leaflet (15–20 minutes). • Organise a pharmacist to counsel patients on their pain relief on discharge. **Resource produced during the collaborative:** **Auckland DHB Patient Information Leaflet**	• It was important to give patients time to read the leaflet before discharge counselling. Otherwise they did not remember the pain relief information they were given because the discharge process was overwhelming and rushed.
Optimise prescribing of opioids on discharge	• Create a prescriber decision tool in the form of a flow chart. The doctor at discharge can use it to determine if a patient needs to be discharged on an opioid and, if so, what the most appropriate opioid or analgesic, dose, frequency and quantity are. **Resource produced during the collaborative:** **Auckland DHB Prescribing Decision Tool**	• Because using the tool was optional, it was not used in all cases on the ward. • Additional steps need to be put in place to support and sustain the change. For example, a flagging system at the point of preparing the electronic discharge summary was needed.

What	How	Lessons learned
Provide education about opioids and related discharge processes	• Discuss and promote the prescribing decision support tool at teaching sessions for house officers.	• A successful practice-based teaching session does not always translate into day-to-day clinical practice; it is necessary to work with prescribers to identify what needs to be changed and why. • Repeat education sessions and reinforcement are needed because of resident medical officer rotation and time pressures at discharge.