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Obstetric Anesthesia Service Acute Pain Management for Cesarean Sections Baseline Performance report, 2021 SUNY Downstate-HSU

Introduction: In 2018 the Joint Commission (JC) published the R3 report calling for a new acute pain management standard across hospitals. A baseline audit of the SUNY Downstate Acute Pain Management Service was conducted in the last quarter of 2019 and a follow-up audit was conducted in the last quarter of 2020 to identify continued needs for improvement. The review analyzed consults from orthopedics, general surgery and gynecology that were managed with multimodal anesthesia. It concluded that the orthopedic service managed excellent postoperative analgesia and maintained the lowest cumulative MME (Morphine Milligrams Equivalent) usage. As part of the 2021 audit, the obstetric service is now being included for quality pain management assessment. The aim of this report is to identify areas of improvement in acute pain management of patients undergoing elective and emergent cesarean sections and to standardize acute pain management protocols.
Methods: Data was gathered from the electronic medical records (EMR) of all patients that underwent C-sections managed by the obstetric anesthesia service for acute pain in 2021 using a survey sheet. Clinical outcome metrics will include: total daily opioid usage, daily pain intensity and quality assessments, opioid side effects, use of multi-modal analgesia techniques, and hospital length of stay. Process outcomes will include: opioid risk tool application, and patient and family education on pain.
Results: Data are still being collected and analyzed to determine performance and quality of acute pain management service provided by the obstetric anesthesia service for patients that underwent c-sections in 2021.
Discussion: The goal of audit report is to assess the baseline performance and use the results to identify areas for improvement that can be incorporated in a standardized acute pain management protocol for c-sections, with the aim of decreasing opioid usage and related complications.