

## Reducing Inpatient Opioid Utilization Through Standardized Prescribing Practices: A Patient Safety–Focused Quality Improvement Proposal

Open Access

Abstract

Published 03/30/2026

Copyright

© Copyright 2026

Patiño Barrera et al. This is an open access abstract distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Distributed under

Creative Commons CC-BY 4.0

Cesar I. Patiño Barrera <sup>1</sup>, Cesar I. Patiño Barrera <sup>2</sup>

1. Internal Medicine, Mount Sinai Hospital Chicago, Chicago, USA 2. Internal Medicine, Mount Sinai Hospital, Chicago, USA

**Corresponding author:** Cesar I. Patiño Barrera, cesar.patinobarrera@sinai.org

**Categories:** Pharmacology, Internal Medicine

**Keywords:** multi-modality pain management, opioids

**How to cite this abstract**

Patiño Barrera C I, Patiño Barrera C I (March 30, 2026) Reducing Inpatient Opioid Utilization Through Standardized Prescribing Practices: A Patient Safety–Focused Quality Improvement Proposal. *Cureus* 18(3): a1745

### Abstract

**Introduction / Rationale:**

Inappropriate or unnecessary opioid prescribing contributes to adverse drug events, respiratory depression, delirium, falls, and prolonged hospitalization. At Mount Sinai Hospital, preliminary chart reviews and resident feedback suggest wide variability in inpatient opioid prescribing and inconsistent use of non-opioid analgesics. Given the national emphasis on opioid stewardship and institutional priorities around patient safety, this project proposes a structured analysis and targeted intervention to reduce unnecessary opioid use while maintaining adequate pain control.

**Materials / Methods:**

This quality improvement initiative will evaluate opioid prescribing patterns on the Internal Medicine inpatient service over a 6-month baseline period. Data elements will include morphine milligram equivalents (MME), indication, concurrent non-opioid use, discharge prescriptions, and pain scores. Following baseline assessment, the intervention will consist of: (1) standardized opioid-prescribing guidelines, (2) promotion of multimodal non-opioid analgesia, and (3) provider education modules. Post-intervention prescribing data will be compared using process and outcome measures. Study is QI; IRB approval will be sought if required based on project classification.

**Findings / Results:**

This abstract represents a proposal; results will be generated after baseline and post-intervention data collection. We anticipate a reduction in overall MME prescribing and increased adherence to non-opioid first-line protocols.

**Discussion:**

We expect variability in prescribing to reflect knowledge gaps and absence of standardized workflows. Implementing a guideline-driven, multimodal analgesia strategy may enhance safety and reduce opioid-related adverse events.

**Conclusion / Significance:**

This project aims to promote safer, more consistent inpatient pain management while reducing unnecessary exposure to opioids. Findings from this QI initiative could support broader opioid stewardship interventions across the institution.