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# Analgesic stewardship pilot program

## Information pack

This document provides information to health services wanting to join the analgesic stewardship pilot program.

## Introduction

Opioid analgesics are a high-risk medicine [ACSQHC, 2021a]. Over a 10-year period, pharmaceutical opioids contributed to 1180 deaths in Victoria alone, contributing to an average of 41.3% of total overdose deaths each year [Coroner's Court of Victoria, 2021]. There is growing recognition of the contribution of health service-initiated opioids to suboptimal patient outcomes after discharge. In one Australian study, three quarters of opioid-naïve patients admitted to a major metropolitan health service were discharged from hospital with an opioid [Bui, 2021].

Efforts to improve pain relief after surgery may have unwittingly contributed to persistent postoperative opioid use in some patients [Levy, 2020]. For example, an Australian study of Department of Veterans Affairs (DVA, gold card) surgical patients who were naïve to opioid therapy prior to admission found that 15.7% (3907) were discharged on opioids [Roughead, 2019]. Of these, 9% (352) continued taking opioids for greater than 90 days post discharge [Roughead, 2019]. Those undergoing orthopaedic or spinal surgery were at the greatest risk [Roughead, 2019]. More is now understood about the drivers for poor patient outcomes (such as opioid dependence, abuse, or overdose) post discharge. For example, the duration of opioid analgesic use is more strongly related to ultimate misuse in the early postoperative period rather than the dose prescribed [Brat, 2018].

Despite recognition of the high burden of opioid prescribing in hospitals, less than 5% of Australian hospitals reported having a formal program to manage opioid prescribing [SHPA, 2018]. In 2018, the Parliament of Victoria's *Inquiry into Drug Law Reform* recommended that a sector wide stewardship trial for medicines with potential for misuse (such as analgesics) be implemented [Parliament of Victoria, 2018]. To address this recommendation, Safer Care Victoria (SCV) will pilot an analgesic stewardship program in up to 10 Victorian health services. The design of the program will draw from successful analgesic stewardship programs in Australian hospitals and the metrics designed to align with current national initiatives.

## What is an analgesic stewardship program?

An analgesic stewardship program facilitates appropriate use and review of analgesics to optimise patient outcomes and reduce the potential for analgesic-related harm [ACSQHC, 2021b]. Like other stewardship programs (such as antimicrobial stewardship) an analgesic stewardship program includes structured approaches to governance and accountability, policy, education, monitoring and improvement activities [Bui, 2021].

Activities of an analgesic stewardship program include the development of guidelines (such as opioid prescribing on discharge), monitoring of analgesic usage and trends (such as oxycodone quantities on discharge), facilitation of communication at transitions of care (such as opioid cessation plans to primary care providers) and provision of patient materials [such as leaflets and cessation plans] [Bui, 2021].

The benefits of analgesic stewardship programs include reduced incidence of opioid related harm and reduced healthcare and economic costs associated with inappropriate opioid analgesic use. [ACSQHC, 2021b]

## What is the plan for facilitating analgesic stewardship programs in Victorian health services?

The Analgesic stewardship pilot program aims to support health services to adopt best practice in acute pain management through the introduction or enhancement of analgesic stewardship programs in up to 10 Victorian health services between November 2021 and March 2022. This includes setting up the structure and governance for analgesic stewardship and testing and implementing specific intervention/s to optimise opioid analgesics use in adult surgical patients. The project plan is visualised below.

Date range	Phase	Activities
September – October 2021	Planning	Recruitment and selection of sites through an expression of interest Production of program materials by SCV in collaboration with key stakeholders
November 2021	On-boarding of sites	Commencement of site project lead
December 2021 – March 2022	Testing and monitoring	Governance activities Intervention/s Rapid cycle data collection
April 2022	Dissemination and working towards sustainability	Dissemination of findings Guidance for further scaling

The core activities are likely to incorporate the following.

Activity	Description
<b>Governance</b>	Creation of a multidisciplinary steering committee to advise on analgesic use Reporting of key indicators to the hospital executive Adoption of institutional policy(ies) and guideline(s) on analgesic prescribing
<b>Supporting</b>	Clinician, patient and carer information materials
<b>Interventions (indicative)</b>	Building consistent and reliable practice in: <ul style="list-style-type: none"> <li>- supplying appropriate quantities of analgesics at discharge by considering analgesic use in the 24 hours prior to discharge</li> <li>- pain management plan provision on discharge</li> </ul>
<b>Monitoring (indicative)</b>	Proportion of patients who separated from hospital with a supply or prescription of opioid analgesics that is inconsistent with the inpatient doses given during the 24 hours prior to separation Proportion of opioid naïve patients admitted for surgery who separated from hospital with a supply or prescription of opioid analgesics Proportion of opioid naïve patients admitted for surgery who separated from hospital with a supply or prescription of a modified release formulation of opioid analgesics

## How can my organisation join?

We are looking for up to **10 health services** across the Victorian health system to introduce or enhance an analgesic stewardship program. Participating sites may include public or privately funded Victorian health services in metropolitan, regional or rural Victoria. **To be eligible, your health service must provide surgical services to adult patients.**

### Each participating organisation will need:

#### Executive sponsorship

The executive sponsor is the person accountable for your organisation's participation in the initiative, ensuring it aligns with organisational values and strategic plan, and the delivery of overall project outcomes. You will be asked to provide the name of your executive sponsor in the expression of interest.

#### A project team

The project team provides advice and guidance, monitors project progress, identifies and manages project risks and escalates any significant trends or concerns to the executive sponsor. Members also advocate for the project amongst their colleagues and peers. A project team should include the project lead and relevant medical, nursing, allied health and quality improvement staff. This may include (where available) an anaesthetist or pain specialist, surgeon, junior prescriber, pain nurse consultant, surgical nursing staff and/or improvement advisor. A minimum of one consumer is recommended. You will be asked to provide the names and roles of your project team in the expression of interest.

#### A project lead (pharmacist)

SCV will fund a pharmacist to lead the project (0.5 FTE at Grade 3 for up to 5 months). This pharmacist will manage the core activities of the project and should have a clinical background. This incumbent should be able to commence in November 2021.

### What will be provided?

- 0.5 FTE pharmacist resource for up to 5 months to coordinate the Analgesic stewardship program (up to Grade 3, Year 4 salary plus 19.8% on-costs inclusive of super and allowances: maximum payment of \$32,000 per site)
- A suite of program materials
- Project support
- Site visits to support the development, testing and implementation of program (subject to COVID-19 restrictions)
- Networking opportunities with other participating services (such as regular webinars that provide participants an opportunity to learn from one another and share ideas, successes, and challenges)
- Support to generate, review, understand and present data
- Learning sessions from experts in the field, including analgesic stewardship, pain management, improvement science and consumer co-design

## How will sites be selected?

Site selection will be based on achieving diverse representation from Victorian public, private, metropolitan, regional and rural health services. The decision will be at the discretion of SCV.

## Application information

Please complete the online application form using the link below.

**Online application form:** <https://forms.office.com/r/CRfiukX7rH>

We recommend the application is completed by the anticipated project lead or executive sponsor.

**Applications will close at 11.59pm on Thursday 14 October 2021.**

An optional information session will be held on Tuesday 5 October between 3pm and 3.30pm allowing for services to ask questions. Register here: <https://bit.ly/2XVCyMc>

## More information

For more information please contact David Nguyen at [david.nguyen@safercare.vic.gov.au](mailto:david.nguyen@safercare.vic.gov.au).

### References:

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