Safer Care Victoria

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Analgesic stewardship toolkit

For health services

DOCUMENT VERSION CONTROL

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Contents

What is this document about?

This document is an **Analgesic Stewardship Toolkit** designed to assist Victorian health services to develop and embed analgesic stewardship programs.

This document contains:

- structured approaches to governance and accountability, policy, education, monitoring and improvement activities
- fact sheets to introduce core elements of an analgesic stewardship program
- adaptable resources to assist test and implement core elements of an analgesic stewardship program

This document is intended to be a 'living' document and will be reviewed regularly to support the roll out of the implementation toolkit to Victorian health services.

WHO SHOULD READ THIS DOCUMENT?

This document is for all staff working in health services, including medical, nursing, pharmacy, allied health and quality improvement staff. The document is a resource for those supporting the implementation of the toolkit.

Key

Link to a fact sheet

Link to an adaptable resource

Background

Opioid analgesics are high-risk medicines (ACSQHC, 2021). 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 patient exposure to these high-risk medicines 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 inadvertently 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, of which 3.9% became chronic users (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 total duration of opioid analgesic use is a stronger predictor of opioid misuse in the early postoperative period than the opioid dosage prescribed (Brat, 2018).

Despite recognition of risks related to high volumes 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 be implemented (Parliament of Victoria, 2018).

To address this recommendation, Safer Care Victoria (SCV) in consultation with clinical experts, have developed the Analgesic Stewardship Implementation Toolkit (AGS toolkit). The AGS toolkit is based on current evidence and the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard launched on 27 April 2022 by the Australian Commission on Safety and Quality in Healthcare (ACSQHC). These standards describe the key components of care that patients can expect when they are prescribed opioid analgesics for acute pain in acute care settings.

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, 2022). Like other stewardship programs, 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, 2022).

DEVELOPMENT OF THE AGS TOOLKIT

The AGS toolkit was developed to support the introduction or enhancement of analgesic stewardship programs in Victorian health services. It builds on the structures and resources developed by Alfred Health's Analgesic Stewardship Program.

The AGS toolkit was developed and tested at six Victorian health services in the surgical setting as part of SCV's time-limited Analgesic Stewardship Program in 2022. The toolkit was developed to address selected quality statements and indicators contained in the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard.

Benefits of using the AGS toolkit

Benefit	Examples
Improving clinical outcomes	The AGS toolkit may support services to develop strategies to improve acute pain management and support appropriate analgesic prescribing.
Continuous improvement planning	This toolkit is designed to support continuous improvement by facilitating ongoing monitoring of program initiatives and indicators.
Accreditation	The AGS toolkit may support services to provide evidence of compliance with the ACSQHC Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard.

ACKNOWLEDGEMENTS

The **Analgesic Stewardship Toolkit** was developed by **Thuy Bui,** Analgesic Stewardship Pharmacist and Lead Pharmacist – Perioperative Services, Alfred Health and **David Nguyen**, (formerly) Senior Project Officer, Medicines Improvement, Safer Care Victoria.

Safer Care Victoria acknowledges the contribution of clinicians who provided input in the development of resources from Alfred Health that were adapted for use in this toolkit.

FURTHER INFORMATION

For more information or to share your experiences of using the document, please email: info@safercare.vic.gov.au.

Using the AGS toolkit

The AGS toolkit assists with the development of core elements of an Analgesic Stewardship Program including: establishing an AGS program governance committee, monitoring program indicators, developing prescribing guidelines, providing clinician education, and supporting patient-centred care. Fact sheets and adaptable resources have been developed to assist with the introduction of these elements alongside project management resources. This toolkit should be used in conjunction with the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard developed by the Australian Commission on Safety and Quality in Health Care to understand the quality statements and identify relevant indicators.

Project Management	
Adaptable resource(s)	Program Plan Template GANTT Planning Template Sustainability Plan Template

Committee and governance	
Factsheet	Committee and governance
Adaptable resource(s)	Terms of Reference Template Sample Committee Agendas

Monitoring	
Factsheet	Point Prevalence Audit
Adaptable resource(s)	Point Prevalence Audit Tool

Guideline Development	
Factsheet	Guideline development
Adaptable resource(s)	Discharge Guideline Template Sample Weaning and Cessation Protocol (Alfred Health)

Clinician Education	
Factsheet	Clinician Education
Adaptable resource(s)	Education Presentation Template (Adaptable to different disciplines) Sample Newsletter Content

Patient Communication Resources	
Adaptable resource(s)	Short Term Pain Management and Medication Management Plan Patient Information Template

CLINICAL CARE STANDARD

The Australian Commission on Safety and Quality in Health Care published the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard in 2022. The Standard describes the key components of care that patients can expect when they are prescribed opioid analgesics for acute pain in acute care settings.

The Standard and accompanying resources and information are available from: Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard | Australian Commission on Safety and Quality in Health Care.

Glossary

Acute pain: A normal and time-limited response to trauma or other noxious experience, including pain related to medical procedures and acute medical conditions.

Clinician: A trained health professional who provides direct clinical care to patients including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health professionals, and other clinicians who provide health care, and students who provide health care under supervision.

Discharge summary: A collection of information about events during care of a patient by a provider or organisation. The document is produced during a patient's stay in hospital as either an admitted or non-admitted patient and issued when or after the patient leaves the care of the hospital.

Immediate Release (IR) opioid analgesics: Medicines formulated to release the full dose of the opioid analgesia immediately after administration, resulting in relatively rapid drug absorption and onset of analgesic effect.

Inappropriate prescribing: The use of a medicine where there is an equal or more effective and lower risk alternative available, including prescribing non-pharmacological strategies.

Modified release (MR) opioid analgesics: Medicines formulated to produce a constant plasma concentration over an extended period. Also referred to as slow, controlled or sustained release.

Multi-modal analgesia: Consists of the administration of two or more medicines to provide analgesia with the aim to improve pain relief while reducing opioid analgesic requirements and opioid-related adverse effects.

Non-opioid naive: Patients taking opioid analgesics prior to the acute event or surgery.

oMEDD (Oral Morphine Equivalent Daily Dose): A marker of analgesic potency, allowing comparisons between different opioid analgesics in terms of their ability to produce the same analgesia as would be expected from a given dose of morphine.

Opioid analgesics: Medicines used to achieve analgesia by reducing transmission of nociceptive impulses (through effects at central nervous system mu-opioid receptors) and modulating the descending inhibitory pathways from the brain. Some opioid analgesics (for example, tramadol, and tapentadol) also produce analgesia via non opioid receptors.

Opioid naive: Patients who have not received opioid analgesics in the 30 days prior to the acute event or surgery.

Pain: An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

Simple analgesic medicine: A single ingredient analgesic formulation containing paracetamol or a non-steroidal anti-inflammatory drug (NSAID)

Stewardship program: Programs that ensure the best possible use of high-risk medicines such as antimicrobials, anticoagulants and opioid analgesics across a hospital by monitoring their use and coordinating interventions.

Transitions of care: Situations where all or part of a patient's care is transferred between healthcare locations, clinicians, or levels of care within the same location, as the patient's condition and care needs change.

Resources and references

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