Analgesic Stewardship Governance and Committee

Fact Sheet

Analgesic stewardship (AGS) facilitates appropriate use and review of analgesics to optimise patient outcomes and reduce the potential for analgesic-related harm. This factsheet forms part of the AGS Toolkit developed by Safer Care Victoria and Alfred Health to support the introduction or enhancement of analgesic stewardship programs in health services.

The AGS Toolkit introduces structured approaches to governance and accountability, policy, education, monitoring and improvement activities.

The responsibility for appropriate governance of an analgesic stewardship (AGS) program, including effective management of available resourcing, lies with a multidisciplinary AGS committee.

AGS Committee

AGS Committee responsibilities

- Oversee and provide strategic direction for the AGS program
- Support effective governance for the AGS program
- Support accreditation and compliance with the ACSQHC Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard
- Identify opportunities, barriers and priorities for the AGS program and ensure activities are aligned with other hospital activities
- Monitor analgesic usage, including appropriateness of prescribing relative to evidence-based recommendations
- Ensure analgesic stewardship process and outcome indicators are measured and reported to hospital management and relevant committees

Establishing an AGS committee

Health services should start discussions with their clinical governance unit or equivalent, or relevant structures such as Medication Safety Committee or Drug and Therapeutics Committee to assist with establishing an AGS committee.

Developing a draft terms of reference (TOR) provides a common understanding of scope, objective and operational processes for the committee. This will also assist in identifying relevant stakeholders that will be required in your AGS committee. Identifying clinical areas with known patterns of high use of opioid analgesics may also assist in identifying relevant stakeholders.

Given the potential challenges with engaging relevant stakeholders, it is critical to identify and/or develop multidisciplinary champions for an Analgesic Stewardship Program who can influence opioid management practices.

A champion will be an important driving force behind the implementation of core aspects of AGS and be able to advocate for AGS initiatives such as establishment of a committee.

Health services are strongly encouraged to coordinate AGS activities through an AGS Committee distinct from other medication safety or quality committees. Health services may find that without a separate AGS Committee, they may not be able to include relevant stakeholders for effective and comprehensive governance of AGS initiatives.

Governance reporting structure

Consideration should be given to ensuring that an AGS Committee has a governance reporting structure to the hospital executive. The local clinical governance framework and any support links to AGS activities should be considered. This reporting structure should facilitate the reporting of indicators, including those listed in the ACSQHC's Clinical Care Standard, to relevant governance committees.

Developing a terms of reference

The AGS Committee should have a documented terms of reference that includes but is not limited to:

- Objectives
- Roles and responsibilities
- Membership: position of members, details of which members are the chair and secretary
- Meetings: minimum number per year and quorum requirement for decisions to be passed
- Reporting structure to hospital management and relevant committees
- Committee planning and evaluation, annually

AGS Committee Membership Guide (Variations and compositions will differ between health services)

Member	Description
Analgesic stewardship pharmacist AND/OR perioperative or surgical pharmacist AND/OR pharmacist with interest in pain management	• A pharmacist provides experience in the therapeutic use of analgesics and is well placed to gather information on local opioid management practices.
Specialist anaesthetist AND/OR pain medicine physician	• A specialist anaesthetist provides expert opinion on anaesthesia and sedation for surgery and other procedures providing pain management and periprocedural care. • A pain medicine physician offers expertise across all pain management issues from acute in hospital pain through to chronic pain in primary or secondary care settings.
Surgical consultant	• A surgical consultant provides expert opinion on surgical and practice-specific considerations for pain management, pre and post-surgical procedures
Surgical nurse AND/OR Acute Pain Clinical Nurse Consultant (CNC)	• A nurse with experience in surgical setting or acute pain management provides expertise in the management of pain management issues
Representative clinicians from relevant specialties such as Emergency Medicine, Palliative Care, Rehabilitation	• Representative clinicians provide prescriber representation across a range of disciplines, units or departments that demonstrate significant usage of opioid analgesics, offering insight and improve the effectiveness and successful integration of initiatives
Director of Clinical Governance AND/OR a relevant member of hospital executive	• Members of hospital management provide executive sponsorship to an AGS program, are involved in discussion and approval of major policy decisions and can assist in making stewardship a strategic goal of the healthcare organisation. • Directors of Clinical Governance are ideal members however facility managers and medical directors may also be appropriate.
Members of related committees or teams	• Maintaining active links to relevant groups contributes to current, well-informed discussion, encourages resource sharing, and may foster integrated approaches to common problems within or across facilities • The Drug/Medicines and Therapeutics Committee and Medicines Safety Committees are highly recommended.
Consumer representative	• Consumer representatives share their views and ideas representing consumer and carer perspective, ensuring the committee can be responsive to the needs of those receiving care.

What is the difference between the Acute Pain Service and Analgesic Stewardship Program?

There is a wide diversity of Acute Pain Service (APS) structures, with no consensus as to the best model and no agreed definition of what might constitute such a service. Acute Pain Services are commonly anaesthetist led referral-based services and provide care for patients requiring specialised techniques for acute pain management through regular patient rounds, checking complex pain techniques, supporting quality improvement of pain management, pain education and pain research. Although an Analgesic Stewardship Program overlaps with the Acute Pain Service, they are distinctly different. Similar services have been in place in the US, with Pharmacy Pain Management Services (PPMS) with a component of opioid stewardship implemented in institutions without formally medical-led acute pain services.

In contrast, an Analgesic Stewardship Program provides a systematic approach to monitoring and reviewing analgesic use across a health service to promote safe and effective use of analgesics to ensure optimal pain management. Members of the APS team are ideally placed to take an active if not lead role in the AGS program to support clinician knowledge and skills in treating acute pain and promoting effective use of analgesics, particularly opioids.

AGS Team

AGS team responsibilities and structure

An AGS team consists of a core group of clinicians that work together to support the AGS Program and will represent AGS within their health service. It should be multidisciplinary although the composition will vary and depend on each health service's resources.

The activities of the team should be directed and guided by the AGS Committee and program's priorities, by addressing core activities of an AGS program including assessment and monitoring, appropriate opioid analgesic prescribing, communication of pain management and analgesic information at transfers of care, clinician education and training and monitoring.

It is important to note that AGS activities should not only be the responsibility of the AGS team members. Appropriate opioid analgesic prescribing and use is the responsibility of all clinicians.

Overview of core team member roles:

AGS program lead - responsible for the delivery of AGS program initiatives within budget and appropriate timeframes, and ensuring risk is managed and issues are resolved. This role is commonly fulfilled by a pharmacist with pain management and/or medication safety expertise and is usually funded as a dedicated AGS position.

Clinical lead - a subject matter expert and can provide clinical expertise to support the program lead to deliver outcomes. This role is commonly fulfilled by a specialist anaesthetist or pain medicine physician and may be funded as a dedicated AGS position or supported by existing staff.

Additional medical/pharmacy/nursing/administrative member(s) - help to deliver ongoing AGS program initiatives. These roles may be funded as dedicated ACS positions or supported by existing staff.

Resources

Delivering high-quality care. Victorian Clinical Governance Framework - August 2024. Available from:

https://www.safercare.vic.gov.au/best-practice-improvement/clinical-governance/framework