# AGS Sustainability Plan for [HEALTH SERVICE]

Overall, describe how the success of the project will be maintained post project funding.

|  |
| --- |
| E.g. Describe progress in developing core elements of AGS (Committee, guideline etc) and consider how these have led/will lead to ongoing executive sponsor support post project funding.  |

The following sections will guide project teams on specific sustainability areas that need to be considered.

### Policy considerations

The below table outlines actions relating to the policy considerations required at the health service to support the ongoing implementation of the changes made during this project. It also identifies the person(s) in the health service responsible for resolving outstanding actions. Remove / add rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Policy Considerations** | **Action Plan(s)** | **Business as usual responsibility** |
| E.g. Discharge or inpatient prescribing or acute pain assessment guidelines | E.g. Describe steps required to support implementation or endorsement of the guideline by relevant committees  | E.g. Committee, Pharmacist or Medical Lead |
|  |  |  |

### Maintenance actions e.g. continuous improvement

The below table outlines the actions that will be put in place to maintain the changes implemented including how frequently the actions will take place, who in the health service is responsible for ensuring these actions take place and how and to where these actions will be formally reported. Remove / add rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Maintenance Actions** | **Frequency** | **Responsibility** | **Reporting Mechanism** |
| E.g. Describe maintenance of core elements of AGS (committee, clinician education, patient communication resources, guideline) and other interventions/initiatives |  |  |  |
|  |  |  |  |

### Monitoring actions e.g. reporting and governance

The below table outlines the actions that will be put in place to monitor ongoing performance of the change after the project has closed including how frequently the actions will take place, who in the health service is responsible for ensuring these actions take place and how and to where these actions will be formally reported. Remove / add rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitoring Actions** | **Frequency** | **Responsibility** | **Reporting Mechanism** |
| E.g. Describe monitoring actions such as committee governance or CCS indicators |  |  |  |
|  |  |  |  |

### Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard considerations

The below table outlines the quality statements listed in the Clinical Care Standard, the applicability and implementation of the quality statements. It includes actions required for future implementation (if applicable). Remove / add rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Quality Statement** | **Applicability and Implementation** | **Action Plan(s)** |
| 1. Patient Information and shared decision making
 |  |  |
| 1. Acute pain assessment
 |  |  |
| 1. Risk-benefit analysis
 |  |  |
| 1. Pathways of care
 |  |  |
| 1. Appropriate opioid analgesic prescribing
 |  |  |
| 1. Monitoring and management of opioid analgesic adverse effects
 |  |  |
| 1. Documentation
 |  |  |
| 1. Review of therapy
 |  |  |
| 1. Transfer of care
 |  |  |