**Analgesic Stewardship Committee**

**Terms of Reference Template**

1. **background/Introduction**

Priority actions to reduce medication-related harm from high-risk medicines, including opioid analgesics, were identified in Australia’s response to the World Health Organization Global Patient Safety Challenge – [Medication Without Harm (2020)](https://www.safetyandquality.gov.au/our-work/medication-safety/who-global-patient-safety-challenge-medication-without-harm). One of the identified priority actions was the development of a national guideline for peri-surgical management of high-risk medicines, including the quantity prescribed at hospital discharge, the duration of therapy post-hospital, and where appropriate the introduction of de-escalation plans as part of the hospital discharge summary. 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).

1. **Purpose**

To ensure the appropriate use and review of analgesics across [HEALTH SERVICE], to optimise patient outcomes and reduce the potential for analgesic related harm.

1. **role and function**

The Analgesic Stewardship Committee’s roles and functions are:

* To develop and implement strategies to improve the appropriateness of analgesic use and pain management
* To develop and implement analgesic and pain management related policies and guidelines
* To review and monitor trends in analgesic utilisation
* To review key performance indicators
* Monthly and annual reports of trends in usage of analgesics
* To identify areas in analgesic use and prescribing for further evaluation
* Monitoring of analgesic or pain management related clinical risk incidents
* To provide education and support for all staff involved in dispensing, prescribing and administration of analgesics

1. Members

### 4.1 Members

The members of the Analgesic Stewardship Committee are: [MEMBERS DEPENDENT ON NEEDS OF HEALTH SERVICE, LISTED BELOW ARE POTENTIAL EXAMPLES]

* Analgesic Stewardship Pharmacist/Project Lead Pharmacist (Secretary)
* Surgical Pharmacist
* Director of Pharmacy or Deputy Director of Pharmacy
* Acute Pain Service and/or Anaesthesia and Peri-operative Medicine Consultant
* Surgical Services Consultant
* Acute Pain Service Clinical Nurse Consultant
* Surgical Nurse
* Intensive Care Consultant
* Medical Consultant
* Rehabilitation or Geriatric Medicine Consultant
* GP Liaison
* Palliative Care Clinical Nurse Specialist or Consultant
* Director of Clinical Governance
* Medication Safety Pharmacist
* Quality and Risk Manager
* Consumer Representative

### 4.2 Roles of members

Chair:

* Set the agenda for the meeting
* Lead the meeting
* Maintain order at the meeting
* Ensure fairness and equality at the meeting; all members have a voice
* Keep the meeting to time
* Approve the formal actions of the meeting.

Secretary:

* Prepare agenda, papers for the meeting and circulate prior to meetings
* Distribute minutes following meetings

Other Members:

* Develop, implement and review analgesic stewardship strategies
* Represent their unit, department or discipline and liaise with staff in their unit if broad input is required.

### 4.3 Quorum

Decision making for the Analgesic Stewardship Committee will require a quorum consisting of half the number of members plus one in attendance.

### 4.4 Appointment

Apart from the ex-officio members of the Analgesic Stewardship Committee, the Committee nominates members. The Chair is appointed by the [HEALTH SERVICE DEPENDENT]. The appointment of members, including the filling of casual vacancies, shall be recommended to the [HEALTH SERVICE DEPENDENT].

Members shall be chosen from staff across [HEALTH SERVICE] on the basis of clinical expertise while ensuring adequate representation from all sites and services.

**5. MeEtings**

**5.1 Frequency**

[FREQUENCY EG. MONTHLY]

**5.2 Decision making**

Decision making in the Analgesic Stewardship Committee will be on a consensus basis. In the event there is no consensus, a simple majority will suffice.

**5.3 Chair**

Meetings will be facilitated by the Chair. In the Chair’s absence, either the Secretary or a nominated committee member will chair the meeting.

**5.4 Confidentiality**

Members will not reveal any confidential or proprietary information entrusted in the course of their duties.

6. Reporting

The Analgesic Stewardship Committee Reports through the [RELEVANT CLINICAL GOVERNANCE STRUCTURE].

The minutes of the committee will be forwarded through to [RELEVANT CLINICAL GOVERNANCE STRUCTURE].

7. Review

The Terms of Reference will be reviewed every [TIME FRAME] by the [Chief Executive], at which time the committee shall be reconstituted. Serving members shall be eligible to reappointment.