The Opioid Stewardship Hospital Self-Assessment Tool

Healthcare Improvement Unit

Purpose: To undertake a gap analysis using the Opioid Stewardship Hospital Self-Assessment Tool

Author: Champika Pattullo

Healthcare Improvement Fellow

Clinical Lead | Queensland Opioid Stewardship Program

Undertaking a self-assessment using the Tool

Benefits

Provides a maturity assessment to help with continuing to build an Opioid Stewardship Program your hospital/s by:

- Undertaking a gap analysis
- Using the results to identify priority areas and developing a local strategy
- Identifying the resource requirements
- Allowing for inter hospital collaboration

Background

The risk to the health and safety of the general population posed by opioids is a widely acknowledged and growing concern, with a recent publication revealing that every day in Australia, there are approximately 150 hospitalisations and 3 deaths involving opioid use (1).There is substantial Australian research into various hospital-based strategies to reduce opioid use and associated harm (2, 3, 4, 5). Despite this, it seems that the processes in place across hospital sites in Australia and in Queensland to promote and ensure Opioid Stewardship – optimising pain management while minimising unintended consequences of opioid use – are highly variable and often target only isolated areas of the hospital without a coordinated approach.

At present, there is no clear prescriptive method for Australian hospital managers and clinicians to review, reflect and self-assess their hospital's action and improvement activities which align to Opioid Stewardship priorities. Without self-assessment functionalities, it may be difficult to consider, prioritise and plan strategies to achieve the most significant improvements in opioid use, safety and pain management within hospital settings.

We aimed to develop a tool with broad applicability in collaboration with diverse group of experts as the issues of pain and safe opioid use appear in all areas of clinical practice. The Opioid Stewardship Self-assessment Tool will provide a starting point for considering Opioid Stewardship strategies in Australian

Hospitals and a platform from which to develop frameworks which are more specific to unique clinical areas within hospitals.

The development of an opioid stewardship self-assessment tool

Method

Expert panel consultation was undertaken using a Modified Delphi Technique.

Invitation for participation was based on knowledge of their existing clinical networks and recommendations from peers as well as from authors of literature which has been developed locally and to ensure perspectives from different clinical disciplines and consumers are captured appropriately. This panel consisted of Queensland-based multidisciplinary clinicians and managers (medical, nursing, pharmacy) representing clinical areas such as pain medicine, emergency medicine, surgery, paediatrics, addiction medicine and clinical pharmacology. Representatives with a background in Healthcare Management, Quality Improvement, Quality Use of Medicines and Medication Safety were also included. Two consumer representatives were invited to be on the panel to ensure representation of patient's perspectives.

The Delphi questionnaire - Following a literature review and discussions, items were categorised into constructs submitted for appraisal (importance and feasibility) using 5-point Likert scales. Consensus and stability of responses were considered as outcome. The survey allowed the participants to suggest modifications in subsequent rounds. Development of OS Assessment Tool (OSAT) following finalising of the OS Framework was pre-planned.

Results

100% agreement on all 27 criteria across 7 domains was achieved after the second round of surveys.

Statewide Endorsements

- Queensland Emergency Department Strategic Advisory Panel
- Surgical Advisory Committee
- Statewide Anaesthesia and Perioperative Care Clinical Network
- The Remote and Rural Clinical Network
- The Queensland Children and Youth Clinical Network

Recommendation

QCS endorses the use of OSSAT -for undertaking a OS gap analysis

Decision

Approve recommendations	Approve recommendations with changes	Not approved

References

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3. Stanley B, Jackson A, Norman A, Collins L, Bonomo A, Bonomo Y. Opioid prescribing improvement in orthopaedic specialty unit in a tertiary hospital: a retrospective audit of hospital discharge data pre- and post-intervention for better opioid prescribing practice. ANZ Journal of Surgery. In press.
4. Schwartz G, Harding A, Donaldson S, Greene S. Modifying emergency department electronic prescribing for outpatient opioid analgesia. Emergency Medicine Australasia. 2018;31(3):417-422.
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6. Goff DA, Kullar R, Bauer KA, File TM, Jr. Eight Habits of Highly Effective Antimicrobial Stewardship Programs to Meet the Joint Commission Standards for Hospitals. Clinical infectious diseases : an official publication of the Infectious Diseases Society of America. 2017;64(8):1134-9.

The Opioid Stewardship Framework

Construct 1 – Governance
A hospital should have a Pain Management, Analgesia or Opioid Stewardship Steering Committee, with multidisciplinary representation from Key Stakeholders and reporting mechanisms to hospital governance committees.
A hospital should have *mechanisms* to identify if balance measures, which are in place to ensure the quality of pain management, are not compromised by changes to opioid prescribing.
A hospital should have *policies* in place which outline the safe and accountable use (closed-loop) of Schedule 8 (controlled drugs) and relevant Schedule 4 medicines by hospital staff.
A hospital should have a local intranet page which provides a centralised directory of Opioid Stewardship governance, resources, materials, education and contacts.
Construct 2 - Pain Management
A hospital should have access to staff from multiple disciplines who specialise in pain management and have capacity to provide a consultative service.
A hospital should have prescribing guidelines for analgesia with an emphasis on non-opioid and non-pharmacological pain management strategies and guidance on maximum doses of high-risk medications such as opioids.
A hospital should have processes and guidelines in place to identify, refer and manage the pain of patients who are opioid tolerant (including patients on opioid replacement therapy) and present with a pain complaint or for surgery.
A hospital should have risk-assessment processes and management strategies for prescribing opioids for pain management to opioid-naïve patients.
Construct 3 – Staff Development
A hospital should provide access to pain management and opioid safety education modules for medical, nursing and pharmacy staff.
A hospital should provide staff education on pain management, including the utilisation of opioids with clear and consistent key messages, which is responsive of the type and location of clinical incidents which have been reported relating to pain management or opioid use.
A hospital should provide access to interactive pain-related education and resources open to all clinical staff.
A hospital should provide opportunities, or support staff to seek opportunities, to upskill in pain management through formal training, in-house credentialing or clinical placements.
A hospital should provide accessible training regarding the use and monitoring of pain management-related devices, such as pumps used for patient-controlled analgesia, epidurals and analgesia infusions.
A hospital should schedule a regular Grand Rounds presentation which focuses on a pain management or Opioid Stewardship topic.
A hospital should ensure education opportunities are developed and delivered by subject matter experts and key stakeholders.
Construct 4 - Patient Care and Consumer Engagement
A hospital should ensure patients have access to non-pharmacological pain management strategies

while in hospital.
A hospital should provide patient information on analgesia and the safe use of opioid medications which addresses key criteria, that has been developed in partnership with patients.
A hospital should provide follow-up and clinical support (while inpatients or after discharge) to patients who are identified as being at higher risk of long-term opioid use, adverse events, or who may be able to de-escalate opioid doses following admission.
A hospital should have policies in place to identify patients who have presented with an opioid overdose and (if appropriate) to refer to drug and alcohol services (while inpatient or at discharge) and (if appropriate) provide them with take-home naloxone at discharge.
A hospital pharmacy should promote itself as a place to return any unused or expired analgesic medications or promote the nearest pharmacy which will accept returns.
Construct 5 - Clinical Handover
A hospital should set expectations for the content and timing of clinical handover (e.g. discharge summaries) to primary care of patients' pain management and analgesia prescriptions and adherence with these expectations should be monitored.
A hospital should set expectations for the content and timing of clinical handover between teams in an inpatient setting and adherence with these expectations should be monitored.
Construct 6 - Clinical-Area Specific Quality Improvement
A hospital ward/unit should have mechanisms to identify, monitor, compile, report and review data regarding quantity and appropriateness of opioid use and indicators of quality of pain management which are relevant to their specialty.
A hospital ward/unit should support quality improvement auditing to be driven by clinicians from the relevant clinical area using specific cycles of audit, feedback, education and re-audit to identify baseline practices and priority areas.
A hospital ward/unit should provide data from quality improvement cycles to be collated and compared to similar wards/units at other sites to provide a basis for benchmarking and learning to create an ongoing framework for pain management and opioid use.
Construct 7 - Community Engagement
A hospital should identify and provide opportunities to interact with General Practitioners and other community providers in promoting pain management and opioid stewardship.
A hospital should advocate key health literacy messages around pain management within the wider community.