Clinical care standard indicators: Opioid Analgesic Stewardship in Acute Pain - Acute care edition

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Identifying and definitional attributes

Metadata item type: Indicator Set

Indicator set type: Other

METEOR identifier: 755544

Registration status: Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Description: The Australian Commission on Safety and Quality in Health Care has developed these indicators to support health service organisations to monitor implementation of the care described in the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard - Acute care edition (ACSQHC 2022). The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

The goal of the standard is to ensure the appropriate use and review of opioid analgesics for the management of acute pain to optimise patient outcomes and reduce the potential for opioid-related harm.

The standard relates to the care of people of all ages with acute pain for whom opioid analgesics may be considered or prescribed. It covers patients presenting with acute pain to the emergency department (ED) or following surgery, up to and including, discharge from hospital. It includes care provided by relevant members of the interdisciplinary team, such as specialist services for paediatrics, acute pain services, drug and alcohol services, clinical pharmacy services and allied health services.

The standard does not cover:

- Management of the following pain conditions with opioid analgesics − chronic non-cancer pain, cancer pain, pain in palliative care, labour and delivery pain
- Management or treatment of opioid use disorders
- Patients presenting to emergency services or hospital ED, with major acute trauma, including burns, who are as assessed to be in category 1, 2 or 3 of the Australasian Triage Scale.

The standard applies to care provided in the following care settings:

- All hospital settings, including public and private hospitals, subacute facilities, and outpatient and day procedure services
- Emergency services, including ambulance services.

A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.

The quality statements that are included in the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard - Acute care edition are as follows:

1. **Patient information and shared decision making.** The nonpharmacological and pharmacological options for managing acute pain are discussed with a patient and their carer in a way that they can understand, and that leads to a shared understanding of the decision to use an opioid analgesic or other treatment(s).
2. **Acute pain assessment.** Analgesic prescribing for a patient with acute pain is guided by its expected severity and assessment of patient-reported pain intensity and the impact of pain on the patient's function.
3. **Risk–benefit analysis.** Whenever an opioid analgesic is considered for a patient with acute pain, their risk of opioid-related harm is assessed. An opioid analgesic may be prescribed when other analgesics are not clinically feasible or sufficient, and the potential benefits outweigh the potential harms.

4. **Pathways of care** A patient with acute pain prescribed an opioid analgesic who is at increased risk of opioid-related harm is appropriately managed in conjunction with a locally approved pathway to mitigate the potential for harm.
5. **Appropriate opioid analgesic prescribing.** If an opioid analgesic is considered appropriate for an opioid-naïve patient with acute pain, use an immediate-release formulation at the lowest appropriate dose, for a limited duration, in line with best practice guidelines. Modified-release opioid analgesics cannot be safely or rapidly titrated and their use in acute pain should be exceptional and not routine. The patient is supported to cease any opioid analgesic use as their function and pain improve.
6. **Monitoring and management of opioid analgesic adverse effects.** When an opioid analgesic is prescribed, supplied or administered for a patient with acute pain, adverse effects are monitored and managed. The patient and carer are made aware of potential adverse effects and signs of overdose, including respiratory depression.
7. **Documentation.** When a patient with acute pain is prescribed, supplied or administered an opioid analgesic, the intended duration of therapy, and the review and referral plan are documented in the patient's healthcare record. The cause of the pain for which the opioid analgesic is prescribed is documented, including on the inpatient prescription.
8. **Review of therapy** During hospital care, a patient prescribed an opioid analgesic for acute pain is assessed regularly to determine their response to therapy and whether an opioid analgesic is effective and appropriate for their stage of care.
9. **Transfer of care**. Planning for appropriate analgesic use at the transfer of care begins when a patient is started on an opioid analgesic during their hospital visit, according to an agreed opioid analgesic weaning and cessation protocol. The number of days' supply of an opioid analgesic on discharge is based on multiple factors, including the expected course of the patient's condition, appropriate arrangements for follow-up and opioid analgesic use in the last 24 hours before discharge.

Relational attributes

Indicators linked to this Indicator set:

Opioid analgesic stewardship: 2a - Proportion of patients who received opioid analgesics who had pain and functional assessments prior to being prescribed opioid analgesics
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 3a - Proportion of patients separated from hospital with a supply or prescription of opioid analgesics where a Real Time Prescription Monitoring program or prescription shopping program was checked prior to separation
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 3b - Proportion of patients who were newly prescribed opioid analgesics who were co-prescribed central nervous system depressant medicines while in hospital
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 4a - Evidence of a locally approved policy that defines the process for managing admitted patients identified as being at increased risk of opioid-related harm who are prescribed an opioid analgesic
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 5a - Proportion of patients that separated from hospital with a supply or prescription of opioid analgesics who also received a supply or prescription of paracetamol and non-steroidal anti-inflammatory medicines
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 5b - Proportion of opioid-naïve surgical patients separated from hospital with a supply or prescription of opioid analgesics where

the supply or prescription was for a modified-release formulation
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 6a - Proportion of admitted patients who received opioid analgesics who were administered naloxone for respiratory depression
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 6b - Proportion of admitted patients who received opioid analgesics who also received laxatives to prevent opioid-induced constipation
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 7a - Proportion of admitted patients who received opioid analgesics where the intended number of days of treatment was documented in their medical record
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 8a - Proportion of overnight admitted patients separated from hospital with a supply or prescription of opioid analgesics that exceeded the opioid analgesic inpatient dose given during the 24 hrs prior to separation
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 9a - Evidence of a locally approved policy to support the transfer of care of patients who separate from hospital with a supply or prescription of opioid analgesics
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 9b - Proportion of admitted patients separated from hospital with a supply or prescription of opioid analgesics where the supply or prescription exceeded 7 days of treatment
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 9c - Proportion of patients separated from the emergency department with a supply or prescription of opioid analgesics where the supply or prescription exceeded 3 days of treatment
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 9d - Proportion of patients separated from hospital with a supply or prescription of opioid analgesics whose medication management plan was given to the patient or carer on separation
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Opioid analgesic stewardship: 9e - Proportion of patients separated from hospital with a supply or prescription of opioid analgesics whose medication management plan was sent to the general practitioner on separation
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Collection and usage attributes

National reporting arrangement: Clinicians and health service organisations may choose to prioritise some of the suggested indicators based on the focus of quality improvement activities at the health service. No benchmarks are set for the indicators.

Comments: Monitoring the implementation of the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard - Acute care edition (ACSQHC 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC 2021).

Some data required to support computation of the indicators can be sourced from existing routine collections including local administrative data collections. Other data will need to be collected through prospective collections or retrospective medical record audits. It is important that collection of these indicators is undertaken as part of a quality improvement cycle and results are shared with all healthcare professionals involved in patient care.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: Australian Commission on Safety and Quality in Health Care. Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – Acute care edition. Sydney: ACSQHC; 2022.

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.