

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

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	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
METEOR identifier:	755570
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022
Description:	The proportion of overnight admitted patients separated from hospital with opioid analgesics where the daily dose supplied or prescribed exceeded the oral morphine-equivalent daily dose (oMEDD) given to the patient in the 24 hours prior to separation.
Rationale:	A review of opioid analgesic treatment should occur immediately before the patient leaves the hospital. The aim of opioid analgesic therapy is to manage a patient's acute pain with an opioid analgesic for the shortest duration possible. If an opioid analgesic treatment is continued, decisions about the appropriate daily dose should be based on the oral morphine-equivalent daily dose given in the past 24 hours.
Indicator set:	Clinical care standard indicators: Opioid Analgesic Stewardship in Acute Pain - Acute care edition Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Collection and usage attributes

Computation description:	<p>The numerator and denominator include overnight admitted patients.</p> <p>Exclude same-day admitted patients. That is patients where Episode of admitted patient care—admission date, DDMMYYYY is equal to Episode of admitted patient care—separation date, DDMMYYYY.</p> <p>The numerator and denominator only include patients that separate from the hospital to their usual place of residence, which may include a residential care facility.</p> <p>The Separation mode data element for admitted patients can be used to help identify denominator cases. Inclusion values for this data element are:</p> <p>21 - Discharge/transfer to a residential aged care service, which is not the usual place of residence</p> <p>22 - Discharge/transfer to a residential aged care service, which is the usual place of residence</p> <p>90 - Other: includes discharge to usual residence (not including residential aged care), own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services).</p> <p>Presented as a percentage.</p>
Computation:	$(\text{Numerator} \div \text{Denominator}) \times 100$

Numerator: Number of patients in the denominator who received a supply or prescription of opioid analgesics that exceeded the opioid dose given during the 24 hours before separation from hospital.

Denominator: Number of overnight admitted patients separated from hospital with a supply or prescription of opioid analgesics.

Comments: For same-day admitted care episodes it is not practical to supply or prescribe opioid analgesics based on the amount of opioid analgesic used in the 24 hours before the patient leaves the hospital. A weaning and cessation plan for same-day admitted patients prescribed opioid analgesics should always be provided.

This indicator is based on existing indicators in use in the United States. For example, the following indicator in the Houston Methodist Hospital Study (Rizk et al, 2019) 'Proportion of patients discharged on opioids who have inconsistencies between opioid discharge prescriptions and inpatient opioid doses given during the 24 hours prior to discharge'.

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Service event

Format: N[NN]

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.

Rizk E, Swan JT, Cheon O, Colavecchia AC, Bui LN, Kash BA, Chokshi SP, Chen H, Johnson ML, Liebl MG, Fink E. Quality indicators to measure the effect of opioid stewardship interventions in hospital and emergency department settings. American Journal of Health-System Pharmacy. 2019 Feb 15;76(4):225-35. <https://doi.org/10.1093/ajhp/zxy042>