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

Exported from METEOR

(AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website’s material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

# 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

|  |
| --- |
| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | 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 |
| METEOR identifier: | 755576 |
| Registration status: | [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 27/04/2022 |
| Description: | The proportion of non-admitted emergency department (ED) patients who physically departed the emergency department with a supply or prescription of opioid analgesics where the supply or prescription exceeded 3 days of treatment. |
| Rationale: | Appropriate opioid analgesic prescribing on discharge balances adequate pain relief with reducing the risk of prolonged opioid analgesic use and reducing community reservoirs of unused opioid analgesics.If a patient is discharged from ED with an opioid analgesic, the quantity supplied may be for up to a maximum of three days’ treatment. The quantity should be based on the expected course of the patient’s condition and the day of the week the patient is discharged, to provide adequate supply until the patient can visit their general practitioner. |
| Indicator set: | [Clinical care standard indicators: Opioid Analgesic Stewardship in Acute Pain - Acute care edition](https://meteor.aihw.gov.au/content/755544)       [Australian Commission on Safety and Quality in Health Care](https://meteor.aihw.gov.au/RegistrationAuthority/18), Standard 27/04/2022 |

|  |
| --- |
| Collection and usage attributes |
| Computation description: | The numerator and denominator include non-admitted patients treated in the emergency department.‘Physically departed’ means at that end of the emergency department stay, the patient departs the hospital without being admitted to the same hospital or transferred to another hospital.The [Episode end status](https://meteor.aihw.gov.au/content/746709) data element can be used to help identify denominator cases. The inclusion value for this data element is:2 - Emergency department stay completed - departed without being transferred to a short stay unit, hospital-in-the-home or other admitted patient care unit in this hospital or referred to another hospitalPresented as a percentage. |
| Computation: | (Numerator ÷ Denominator) x 100​  |
| Numerator: | Number of patients in the denominator who received a supply or prescription of opioid analgesics that exceeded 3 days of treatment. |
| Denominator: | Number of non-admitted emergency department patients where the patient has physically departed from hospital with a supply or prescription of opioid analgesics. |
| Comments: | 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 with opioid discharge prescriptions given in the ED that exceed 3–5 days’. |
| 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> |