

## WHO flagship area

High-risk medicines

## Background

Despite recognition of the potential risks of analgesic prescribing in hospitals, few Australian hospitals have formal programs to promote safe and optimal use.

## Objectives

To introduce key elements of an analgesic stewardship (AGS) program to optimise opioid analgesic use in adult surgical patients.

## Methods

Six Victorian health services were allocated a pharmacist to implement an AGS program over an 18-week period.

The program design was drawn from a well-established AGS program at Alfred Health. A toolkit was adapted from this program to guide introduction of key elements of analgesic stewardship including an AGS committee, monitoring and reporting to governance, clinician education, policies to support transfer of care of patients discharged on opioids and patient communication resources. The toolkit was developed to align with the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard and comprises of factsheets and adaptable resources to assist introduction of these elements alongside project management resources.

The collaborative included learning and peer-coaching sessions that covered relevant clinical topics and introduced the model of improvement to test various change ideas that would allow sites to scale and spread.

1 on 1 meetings with subject matter experts were facilitation with each site to provide individualised support and coaching.

Outcome measures were developed to align with indicators in the clinical care standard and collected fortnightly for 20 patients per site.



## Key elements of Analgesic Stewardship



AGS committee



Monitoring and reporting



Clinician education



Policy to support transfers of care



Patient communication resources

## Evaluation

All sites formed a committee, introduced monitoring and reporting to governance, clinician education and patient communication resources. Four sites approved policies to support transfer of care, whilst development has started in the remaining two sites.

Two sites demonstrated a reduction of 20% or greater in the proportion of opioid-naïve patients discharged on opioids. Four sites demonstrated an increase in the proportion of patients provided with an analgesic medication management plan, up to 52% at one site.

Sites indicated the structured learning sessions were useful in supporting pharmacists to implement AGS by facilitating peer-learning, individual coaching and continual feedback. Sites agreed the toolkit's resources such as sample guideline assisted in progressing implementation.

Proportion of opioid-naïve patients discharged on opioids **Up to 20%** ↓

Proportion of patients provided with an analgesic medication management plan **Up to 52%** ↑

Proportion of patients discharged with a supply of opioid analgesics exceeding 7 days **Up to 16%** ↓

## Discussion

The introduction of AGS programs through a collaborative approach has led to improvements in adopting best practice in opioid analgesic use. Future direction includes assessment of sustainability in 12 months and call for wider adoption.