

New digital tools embed opioid stewardship across transitions of care

Clinical Care Standards Excellence Award Recipient Medicines Optimisation Service Austin Health

By embedding opioid management plans into its electronic medical records (EMR) system, Victoria's Austin Health is raising the standard of opioid safety in its metropolitan hospitals and ensuring more consistent care for patients.

The need for clarity and consistency

Good handovers are critical to opioid safety. Gaps in communication between hospital teams, and with GPs, can see patients using opioids for longer than needed, increasing the risk of dependence, overdose, or even accidental death.

Opioid safety has been a top priority for Austin Health's Medicines Optimisation Service (MOS) since it was established in 2018. One of the team's first moves was to host an Opioid Roundtable with a group of pharmacists, doctors, nurses, physiotherapists, consumer advocates and a GP, all with a passion for reducing the risk of opioid-related harm.

'There was already a lot of great work happening across the organisation,' says Parnaz Aminian, one of the Senior Project Officers in the MOS team. 'This was about bringing everyone together to get organisational consensus on the way forward.'

Across all the departments and disciplines present at the roundtable, one priority quickly emerged: the need for a digital tool to support consistent documentation of opioid management plans (OMPs), improving communication about opioid prescribing intentions across transitions of care.

Designing with purpose

What followed was an ambitious but carefully managed design process for the digital tool, driven by collaboration and grounded in clinical realities.

'Our aim was to design a tool that could fit smoothly into clinician workflows,' says Elizabeth Su, also a MOS Senior Project Officer.

Rather than pursue a one-size-fits-all solution, the team focused on the needs of the Emergency Department (ED) and



surgery services – two acute pain settings where short-term opioid analgesic use is common and a tool to support OMP documentation could make an immediate difference.

The 2022 release of the [Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard](#) reinforced the team's decision to begin with a tightly scoped pilot.

'It showed us the challenges we were facing weren't unique – they were being experienced across acute care nationally,' says Elizabeth.

In partnership with a multidisciplinary working group, the team mapped existing workflows in ED and surgery departments and identified the essential elements for OMPs in those settings.

Austin Health's EMR team then translated those principles into practice – building the OMP tool directly into the hospital's existing EMR system.

Building confidence through user testing

To ensure the tool would work in practice, the MOS team managed a phased program of user acceptance testing (UAT). The rollout began in ED, then expanded to a single surgical unit, then all surgical teams. At every stage, feedback from users guided updates to the tool and the accompanying education campaign.

'User-friendliness was a priority,' says Elizabeth. 'We knew that if the tool was easy to use and easy to find, people would use it – and that's what we heard during the rollout.'

This incremental approach helped build confidence across departments, ensuring the tool felt like a help, not a hurdle.

Monitoring for quality and impact

In parallel, the team built a comprehensive monitoring framework to track performance and ensure the new OMP tool was doing what it was meant to do: reduce miscommunication and support safer opioid management.

- **An electronic dashboard** tracks OMP completion rates by unit, team and time period, allowing the MOS team to quickly spot and address any drop in uptake.
- **Regular quality audits** assess whether OMP content aligns with hospital guidelines and meets the needs of both hospital pharmacists and GPs.

'We wanted to ensure that hospital doctors weren't just speeding through the form, clicking anything just to get it done,' says Elizabeth. 'We designed the tool so we could extract the data and check that the information matched our guidelines.'

From safer prescribing to safer transitions

Launched in July 2022, the tool is now embedded in the prescribing processes for ED and surgical patients, driving significant improvements in OMP documentation. A baseline study before the project began showed that fewer than 13% of surgical patients were discharged with an OMP. Data collected between August and December 2024 indicate:

- 91.4% of surgical patients had an OMP in their patient notes, and 73.9% had one in their discharge summary
- 97.4% of eligible ED patients had an OMP in their notes, and 86.4% had one included in their discharge summary.

A platform for long-term change

Regular monitoring and quality audits have helped cement the OMP tool as a trusted part of clinical workflows – and a key driver of improved opioid safety.

Now, three years on, the MOS team remains committed to continuous quality improvement to ensure the tool supports the needs of clinicians and consumers, and fits comfortably into everyday practice.

'We're using all these different types of feedback to keep refining it and making it better,' says Parnaz. 'And we're starting to explore how it can be adapted for other therapeutic domains, like cancer services and palliative care.'

A lasting legacy of the Opioid Roundtable was the establishment of the Opioid Analgesic Stewardship Committee – a permanent working group that continues to meet on a regular basis, sharing feedback from frontline workers, and guiding the ongoing work of the MOS.

'The Committee helps keep us accountable to the work we're doing across the hospital to promote opioid safety,' says Elizabeth.



LESSONS LEARNED

Fit tools to workflows

Design tools so they slot smoothly into workflows to boost short-term uptake and support long-term change.

Get agreement on the mission

Gain early consensus on what matters most. A strong foundation of shared goals will shape better solutions – and support broader adoption.

Collaborate early and continuously

Get stakeholders involved at all points of the project. Their insights ensure the tool works in practice, and their support helps build momentum for change.