

Background

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

Objective

To introduce a structured program that supports the elements of analgesic stewardship (AGS) to public hospitals in Victoria; to optimise opioid analgesic use in adult surgical patients.



Action

Safer Care Victoria (an administrative office of the Victorian Department of Health) provided funding for six Victorian health services to allocate a pharmacist to lead the implementation of an AGS program over an 18-week period, commencing in February 2022.

The program design was drawn from a well-established AGS program at Alfred Health. A *toolkit* was adapted from the Alfred Health program to guide the introduction of key elements of analgesic stewardship, including: an AGS committee, *Monitoring and reporting guidance*, *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' of the Australian Commission on Safety and Quality in Health Care. It is comprised of factsheets and adaptable resources to assist the introduction of these elements alongside project management resources.

The collaboration 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 facilitated 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

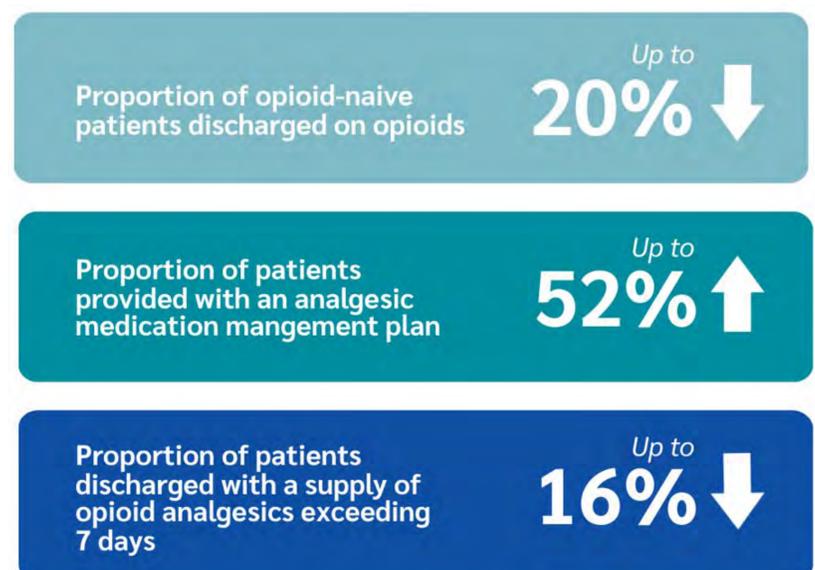


Evaluation

All sites formed a local AGS committee, introduced monitoring and reporting to clinical governance structures, 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 that the toolkit's resources, such as sample guideline, assisted in progressing implementation.



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 at 12 months and call for wider adoption.

