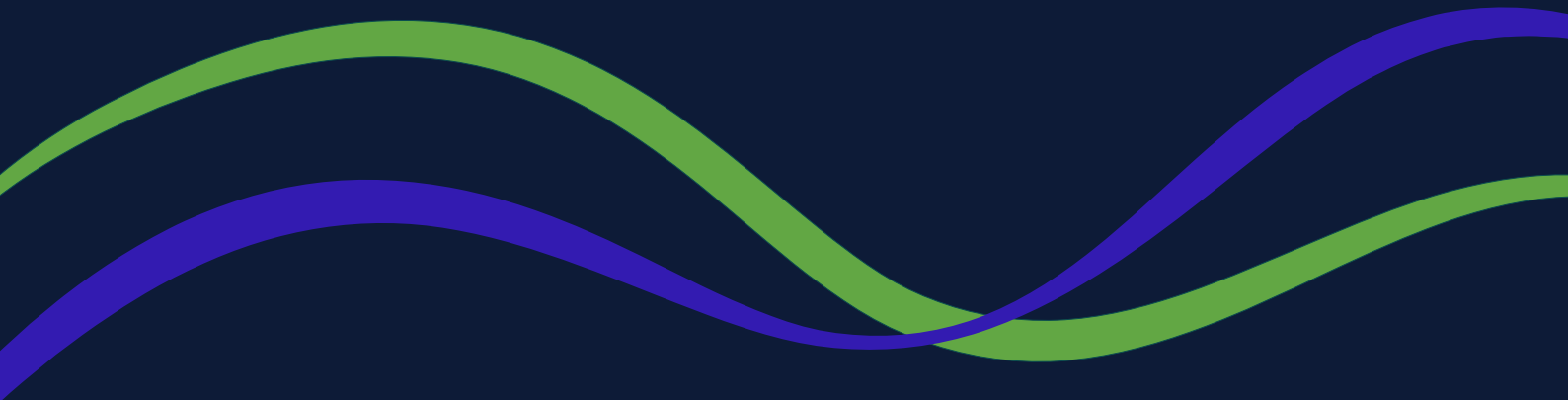


FPM

Faculty of Pain Medicine
ANZCA

National Safety Quality and Health Service (NSQHS) Standards: SNAP assessment

January 2024



How opioid stewardship programs align with NSQHS standards



All clinicians should be aware of the eight (8) [National Safety and Quality Health Service \(NSQHS\) Standards](#), that govern clinical practice and provide nationally consistent recommendations for the level of care that consumers should expect will be provided by health care facilities.¹

Clinical care standards align with the NSQHS standards.

In July 2023, the process for hospitals to achieve accreditation and demonstrate compliance with the NSQHS standards changed from scheduled visits to the [Short Notice Assessment Program \(SNAP\)](#).

Short notice assessments support health facilities in improving patient safety and ensure appropriate systems and processes exist to ensure best-practice care.

Establishing an opioid stewardship program and working toward meeting recommendations within the NSQHS Clinical Care Standards (CCS) provides organisations with evidence that can be used during SNAP assessments.

There are many examples of how acute pain service (APS) and opioid stewardship programs deliver care that aligns with and supports the NSQHS standard.

Examples of evidence for SNAP:

Clinical Governance Standard

- Opioid stewardship and acute pain service (APS) teams are examples of a facility providing multidisciplinary oversight and specialised service provision to patients.
- APS and opioid stewardship teams are often responsible for developing and overseeing policies and procedures, particularly for pain assessment and management and appropriate analgesic and opioid prescribing.
- Opioid stewardship teams provide evidence of best practice through adherence to recommendations of clinical care standards and Faculty of Pain Medicine Position Statements.
- Quality improvement activities and audits aligned with the CCS are facilitated by the existence of opioid stewardship programs.
- Opioid stewardship teams can positively impact Hospital Acquired Complications (HAC 10) rates and provide evidence of improvements and change over time.
- Opioid stewardship teams and acute pain services provide examples of systems that guide risk management. These teams are frequently called to oversee and review IMMS or other incident reporting platforms. Standing agenda items within department morbidity and mortality (M&M) meetings provide evidence of oversight and critical review.
- Consumer health literacy is recognised and considered in the design and development of patient resources, for example, document layout, readability scores and translation into languages other than English.
- Cultural appropriateness is considered in the development of patient information and resources.

Partnering with Consumers Standard

- Consultation and co-design of high-quality patient resources, for example the pain medicine discharge plan.
- Encouraging the use of non-pharmacological strategies for analgesia.
- Preoperative screening, expectation setting and appropriate risk assessment.
- Use of functional pain assessments.
- Engaging patients in decision-making, such as inquiring how many opioids they anticipate needing upon discharge.
- Encouraging patients to schedule follow up appointments with their general practitioner (GP) prior to hospital discharge.
- The establishment of transitional pain clinics and the existence of appropriate referral pathways for complex patients.
- Improved patient safety as evidenced by change and improvement in HAC data.

Medication Safety Standard

- Use of discharge forms promoting safe medication practices and expectations of any ongoing need or weaning plan for both the patient and the GP.
- Availability of prescribing guidelines and decision-support tools for all prescribers across an organisation.
- Medication reconciliation that reviews the appropriateness of the number of opioids dispensed on discharge.
- Documented evidence of the review of SafeScript or other prescribing platforms.
- Restriction of initiation of modified-release preparations for acute pain without prior consultation with acute pain services or opioid stewardship teams.

Comprehensive Care Standard

- Systems and referral pathways exist for the assessment of patients who are at risk of persistent post-operative opioid use. Patients at high risk for transition to persistent opioid use and/or transition to chronic pain are referred to transitional pain clinics and/or other pain services for follow-up and review following discharge after an acute inpatient admission.
- Timely feedback is provided to GPs on requirements for weaning and ceasing opioid medications.

Communicating for safety standard

- Processes exist that enable timely communication of critical patient information to the patient's nominated GP and other service providers such as community health support workers.
- Use of Pain Medicine Discharge Plans, provide information on safe opioid use, a plan for weaning and cessation and instruction for safe disposal of unused medication.
- Patients are encouraged to show the discharge form to carers, family members and their GP. This increases patient safety as all stakeholders are aware of the expectations or otherwise for ongoing opioid use.
- Patients are encouraged to photograph the form. If they misplace it, they can still access the necessary information to ensure safe medication administration discharge from hospital.

Recognising and responding to acute deterioration standard

- Rationalisation and or elimination of the use of modified-release opioids has been demonstrated to decrease the rates of respiratory depression and other critical incidents that can be associated with opioid prescribing.
- The use of prescribing support tools can help prevent patient deterioration, and appropriate policy will guide the escalation of care in cases of acute deterioration.

Reference:

1. Australian Commission on Safety and Quality in Health Care. The National Safety and Quality Health Service (NSQHS) Standards. From <https://www.safetyandquality.gov.au/standards/nsqhs-standards> Accessed January 2024.

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