

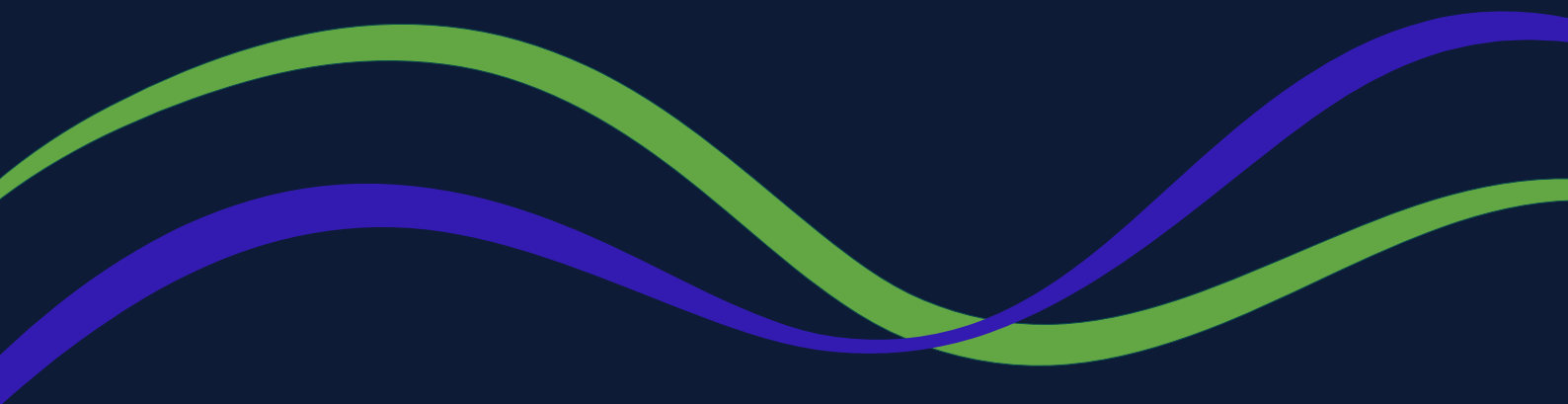
FPM

Faculty of Pain Medicine
ANZCA

Quality improvement activities to support the CCS*

ANZCA scholar role activities

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*Australian Commission on Safety and Quality in Health Care. Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard

ANZCA trainees scholar role activities

All ANZCA trainees are required to conduct a clinical audit, which forms part of their [scholar role activities](#).¹ The audit aims to demonstrate improvements in patient care and outcomes. It should include a systematic review of the care that is provided, measured against explicit criteria and accepted clinical standards that are in place at the time the audit is conducted.¹

ANZCA trainees are encouraged

to assist facilities in improving opioid stewardship programmes by conducting an audit of one or more quality statements within the clinical care standard. There are multiple examples of the type of audit that might be undertaken by trainees working within an opioid stewardship team that would enable them to complete this training requirement.

Indicators and outcome measures that are aligned with the clinical care standard and would be likely considered appropriate for the scholar role include but are not limited to:

- Use of assessment scales such as functional activity scores.
- Examination of local prescribing rates of slow-release opioids.
- Provision of discharge information to patients and or General Practitioners.
- The number of opioids prescribed on discharge when compared to inpatient use in the previous 24-48 hours.
- Rates of review for patients who are prescribed opioids for discharge using real-time prescription monitoring platforms.
- Rates of prescriptions for multiple opioids and concomitant use of benzodiazepines.
- Rate of hospital acquired complications HAC 10 medication complications -10.1 Drug-related respiratory complications/depression.

The ROSI video “[How to gather evidence and change culture](#)” showcases how an ANZCA trainee used the scholar role project to undertake a quality improvement audit. Using data obtained from the initial audit and recommendations within the CCS, the trainee demonstrated the need for practice change.

As part of a multidisciplinary team, the trainee used the quality improvement process to implement strategies that supported practice change. Rapid improvements were demonstrated in prescribing habits and, most significantly, patient safety.

Abbreviations:

CCS - clinical care standard

ACSQH - Australian Commission on Safety and Quality in Health Care.

Reference:

1. Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine. Scholar Role Activities - Audit Guidelines v2.3. Available from <https://www.anzca.edu.au/getattachment/2397e02d-e45b-46f9-9a08-a833920d8eb5/SRA-audit-guidelines> Accessed January 2024

The Resources for Opioid Stewardship Implementation (ROSI) have been developed by Ms. Bernadette Findlay, Clinical Nurse Consultant, and Associate Professor Jennifer Stevens, Anaesthetist and Pain Medicine Specialist at St. Vincent’s Hospital, Sydney, in conjunction with the Faculty of Pain Medicine. Development of the ROSI has been supported by an unrestricted educational grant from CSL Seqirus. CSL Seqirus were not involved in the creation of intellectual property or any other content contained within the ROSI.

