FPM

Faculty of Pain Medicine
ANZCA

Monitoring patient safety:

Measuring rates of respiratory depression

January 2024

Quality statement 6: Monitoring and management of opioid analgesic adverse events

All hospitals in Australia report their rates of hospital-acquired complications (HACs).

Sixteen (16) reportable HACs have been identified by the Australian Commission on Safety and Quality in Health Care.[1]

HAC number 10 is the key outcome measure for respiratory depression which is the indicator associated with quality statement 6.[1]

HACs are identified by clinical coders following review of the in-patient healthcare record.

Although not entirely preventable, HACs can be decreased when appropriate risk mitigation strategies are in place[1].

Since all hospitals are mandated to report HAC data it is relatively easy to obtain evidence for this outcome measure.

As a first step you will need to find out what reporting platform is used in your facility for collecting HAC data.

Commonly used platforms for recording and reporting HAC data include:

- Clinical Excellence Commission - Quality Improvement Data System (QIDS)
- Health round table
- Relative Indicators for Safety and Quality (RISQ(TM))
- Locally developed reporting tool that utilise software applications such as Power BI

Quality managers or accreditation coordinators in your facility will be able to grant you access to the appropriate reporting platform to enable you to obtain local HAC 10 data. Should you encounter any issues in gaining access, please request the generation of a report based on the following criteria.

Search Criteria

The HAC report can be generated using by entering the following search criteria:

- Complication - 10 Medication complications
- Diagnosis -10.1 Drug-related respiratory complications/depression
- Location
- Date range
- HAC version 3.1
- Count BY – Count numerator by HAC complication
- Report BY – Rate per 10,000 episodes of care (Ministry of Health preferred reference)

Local rates of respiratory depression should be able to be benchmarked against peer organisations and graphs can be generated to demonstrate improvements over time.

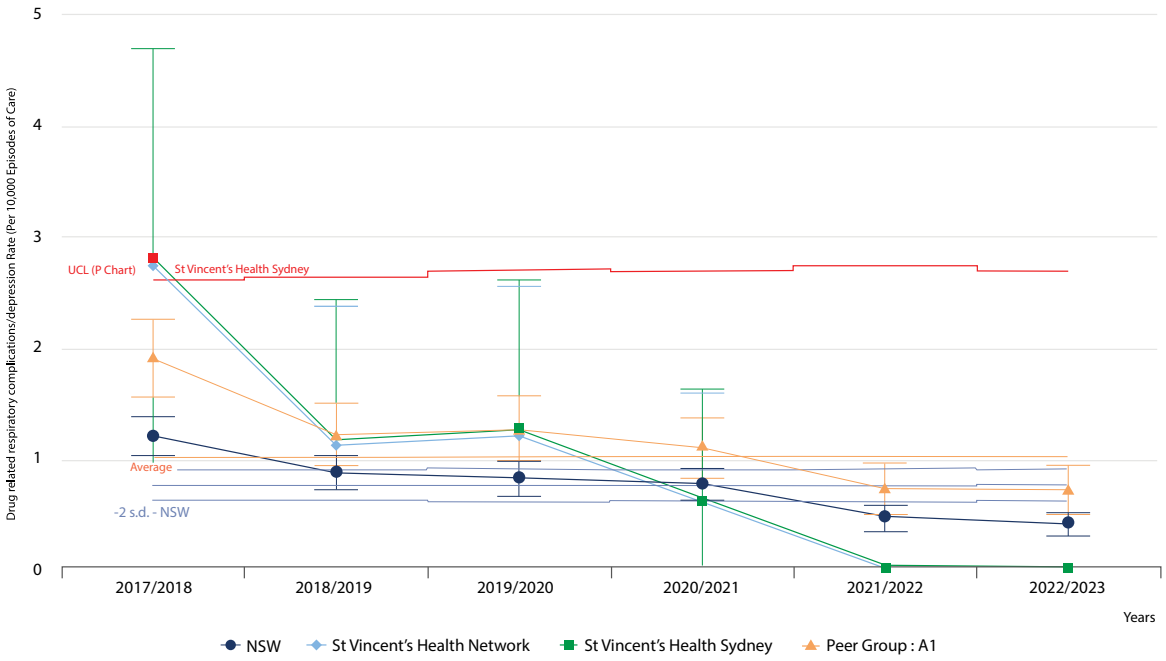
Individual patient information can be obtained for any reported HAC and should be reviewed for tabling and discussion at local morbidity and mortality meetings.

Clinical practice point

Rapid improvements in the rates of respiratory depression have been demonstrated in facilities within months of commencing an opioid stewardship program. Success in this outcome measure is easily correlated to decreased rates of modified release opioid prescribing.

Most importantly in facilities, where opioid stewardship programs are embedded into local practice, HAC rates for this outcome measure have reached zero and these patient safety rates have been sustained over time.

Example: HAC medication related respiratory depression trend report



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This is what success looks like in an opioid stewardship program!

Reference:

1. Australian Commission on Safety and Quality in Health Care. Hospital-acquired complications (HACs). From https://www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications 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.

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