

---

# Queensland Opioid Stewardship Program (QOSP)

Initiative Type

Service Improvement

Status

Deliver

Added

11 December 2018

Last updated

31 January 2024

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/queensland-opioid-stewardship-program-qosp>

## Summary

Queensland Opioid Stewardship Program (QOSP) supports the development, implementation and evaluation of opioid-focused practice improvement programs across Queensland Health. The program, still in its early stages, uses a Quality Improvement Program in conjunction with data analytics and the Opioid Stewardship Framework to help deliver customised programs to each

---

hospital or clinical settings.

## Key dates

Jan 2019

## Implementation sites

Townsville HHS, Mackay HHS, Wide Bay HHS, Sunshine Coast HHS, Metro North HHS, Metro South HHS, Gold Coast HHS, West Moreton HHS

## Partnerships

Clinical leads from all the participating sites, Office of the Chief Clinical Information Officer, Healthcare Improvement Unit

## Key Contacts

Champika Pattullo

2010

[paul.blee.hiu](mailto:paul.blee.hiu)

Quality Use of Medicines Pharmacist / CEQ Improvement Fellow

Metro North Hospital and Health Service

(07) 3646 3217

Champika.Pattullo@health.qld.gov.au

---

## Aim

To implement opioid stewardship programs that achieve the dual goals of providing adequate analgesia while avoiding the unintended harms across Queensland Health hospitals.

## Benefits

- Improve patient safety, education and satisfaction in respect of pain management
- Increase use of multi-modal analgesia
- Develop, implement and evaluate adaptable resources for pilot projects, which optimise oxycodone prescribing and introduce concepts of opioid stewardship into hospital settings
- Develop context specific and pragmatic opioid stewardship strategies that find a balance between providing analgesia while minimising the risk of opioid-related harm
- Maximise the integration of quality improvement methodologies with data analytics in building a sustainable solution

## Background

There has been substantial Australian research into hospital-based strategies in response to the increased awareness of opioid-related safety risks and escalating opioid prescription. “Stewardship” defined as “the act of taking care of or managing something” is a frequently used term in healthcare, most commonly in relation to antimicrobials (antimicrobial stewardship, AMS) and increasingly related to opioids. In a broad sense, Opioid Stewardship (OS) has been described as “coordinated interventions designed to improve, monitor, and evaluate the use of opioids to support and protect human health”, but how this definition translates to a structured and actionable OS program in practice in Australian hospitals is not clear. An opioid-focused practice improvement program, Optimising Opioid Prescribing ProjectS (OOPPS), was endorsed by the Queensland Clinical Senate in 2018. The Queensland Opioid Stewardship Program (QOSP) - Phase 1, was developed following a 12-month HIU funding scheme to implement OOPPS in eight Emergency Departments (ED). OOPPS is based on a successful prescriber-led practice improvement program piloted in the ED of the Royal Brisbane and Women’s Hospital (RBWH). This pilot resulted in 21% relative reduction in total oxycodone prescriptions and improvements in clinical handover on discharge (Kline 2019). It subsequently led to the development of the [Opioid Prescribing Toolkit \(OPT\)](#) - a resource that can be used to replicate the project in other settings.

The QOSP team facilitates partnered sites to undertake an OOPPS cycle through the establishment of local teams led by a Senior Medical Officer.

### The Intervention

- is a prescriber-led continuous quality improvement project
- incorporates local prescribing data into educational interventions
- changes to prescribing through heightened awareness and self-reflection

---

In its first year QOSP far exceeded expectations by not only implementing OOPPS in eight Emergency Departments (EDs), but also in other clinical settings. July 2020-June 2021 represents QOSP Phase 2 which is again funded for 12 months through HIU. The aim for this phase is to

- Develop, implement and evaluate visual analytics in the form of dashboards using routinely captured data as part of the sustainability of an OS program at pilot sites
- Support eight remaining EDs to complete phase 1
- Commence a comprehensive evaluation of phase 1 using a data linkage study

In addition to the formal part of the program collaboration with Queensland Children's Hospital (QCH) and Queensland Child and Youth Clinical Network (QCYCN) has resulted in the development of strategic resources aimed at improving opioid prescribing in this population. Lastly, a research initiative (not funded though QOSP) has been undertaken to development of a framework for opioid stewardship. When finalised, this framework will provide a starting point for considering opioid stewardship strategies in Australian hospitals and a platform from which to develop programs specific to unique clinical areas within hospitals.

## **Solutions Implemented**

- Toolkit was implemented across 16 hospitals and five clinical areas (March 2021)
- Toolkit was implemented in 11 Emergency Departments, two paediatric settings and six surgical settings
- Implementation of analgesia template on Enterprise Discharge Summary (EDS) to facilitate quality of the clinical handover on discharge
- Collaboration with the National Prescribing Service on a patient resource providing pain management advice
- Educational Videos
- Position Statement - Recommendation to make available smaller pack sizes of oral prescription opioids – oral liquids to paediatric patients – available on request
- Paediatric patient resource in collaboration with National Prescribing Service – currently being piloted, available on request
- Research collaboration with QCH

## **Evaluation and Results**

The scaling of OOPPS and an evaluation of projects that were the first to be completed after the original ED pilot show:

- Evidence of an increase in 'tailored' opioid prescribing - individualised to patient's needs, guided by department prescribing guidelines

- 
- Increased rates of 'tailored' prescribing from 62% to 90% of oxycodone prescription (p<0.0001)
  - Decreased rate of oxycodone prescriptions from 37 to 34 prescriptions per 1,000 presentations
  - Decreased rate of all opioid prescriptions from 63 to 55 prescriptions per 1,000 presentations

## Lessons Learnt

Opioids play a central role in pain management in acute hospital settings, especially after surgery and trauma. However, there are concerns regarding the appropriateness and the volume of opioid prescriptions on discharge, and that opioids are often prescribed in excess of need. Reducing the over-prescription of opioids have multiple harm-reduction benefits, including reducing the risks of long-term dependency and reducing opportunities for the diversion of unused tablets to non-medical use. QOSP provides pragmatic strategies to improve patient safety.

## References

1. Kline TV, Savage RL, Greenslade JH, Lock CL, Pattullo C, Bell AJ. Affecting emergency department oxycodone discharge prescribing: An educational intervention. *Emerg Med Australas.* 2019;31(4):580-6.
2. Pattullo C, Suckling B, Taylor S, Thomson J, Collin G, Hall L et al. Developing and piloting an adaptable oxycodone quality improvement strategy: steps towards opioid stewardship. *Aust Health Rev.* 2021 Feb 5. doi: 10.1071/AH20262.
3. Institute for safe Medication Practice (ISMP) Canada. Opioid Stewardship. [Internet] Toronto: ISMP Publishing; [cited 28 February 2021]. Available from: [https://www.ismp-canada.org/opioid\\_stewardship](https://www.ismp-canada.org/opioid_stewardship)
4. Garimella V, Cellini C. Postoperative pain control. *Clin Colon Rectal Surg.* 2013;26(3):191-6. doi: 10.1055/s-0033-1351138.
5. del Portal DA, Healy ME, Satz WA, McNamara RM. Impact of an Opioid Prescribing Guideline in the Acute Care Setting. *J Emerg Med.* 2016 Jan;50(1):21-7. doi: 10.1016/j.jemermed.2015.06.014. Epub 2015 Aug 15.
6. Hoppe JA, Nelson LS, Perrone J, Weiner SG. Opioid Prescribing in a Cross Section of US Emergency Departments. *Ann Emerg Med* 2015 Sep;66(3):253-259.e1. doi: 10.1016/j.annemergmed.2015.03.026. Epub 2015 May 4.
7. Howard R, Fry B, Gunaseelan V, Lee J, Waljee J, Brummett C, et al. Association of Opioid Prescribing With Opioid Consumption After Surgery in Michigan. *JAMA Surg.* 2019 Jan 1;154(1):e184234. doi: 10.1001/jamasurg.2018.4234. Epub 2019 Jan 16.
8. Bates C, Laciak R, Southwick A, Bishoff J. Overprescription of postoperative narcotics: a look at postoperative pain medication delivery, consumption and disposal in urological practice. *J Urol.* 2011 Feb;185(2):551-5. doi: 10.1016/j.juro.2010.09.088. Epub 2010 Dec 18.
9. Compton WM, Jones CM, Baldwin GT. Relationship between Nonmedical Prescription-

## Further Reading

[Opioid prescribing toolkit AIWH Report on Opioid Harm in Australia Original Research - Affecting emergency department oxycodone discharge prescribing Australian Health Review Emergency Medicine Australia Emergency Medicine Foundation Choosing Wisely Australia Sydney Morning Herald article Opioid stewardship on Vimeo](#)

## Resources

[Opioid Prescribing Toolkit factsheet](#)

[Personalised pain medication plan template](#)

[Opioid Stewardship Factsheet](#)

[Managing pain](#)

[Stewardship program](#)

[Gap analysis](#)