



Purpose: To provide instructions on how to complete the Opioid Stewardship Hospital Self Assessment Tool (OSSAT) and undertake a gap analysis

Undertaking a gap analysis using OSSAT

Benefits

Provides a maturity assessment to help with continuing to build an Opioid Stewardship (OS) Program your hospital/s by:

- Undertaking a gap analysis
- Using the results to identify priority areas and developing a local strategy
- Identifying the resource requirements
- Allowing for inter hospital collaboration

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. Despite this, it seems that processes in place across hospitals in Australia are highly variable and often target only isolated areas without a coordinated approach.

At present, there is no clear prescriptive method for Australian hospital managers and clinicians to review, reflect and self-assess their hospital's action and improvement activities supporting the quality and safe use of opioids. This makes it difficult to consider, prioritise and plan strategies to achieve the most significant improvements in opioid use, safety and pain management within hospital settings. Therefore, we aimed to develop a framework and a set of self-reflective questions to facilitate the implementation, improvement and review of OS.

We developed a tool with broad applicability in collaboration with a diverse group of experts as the issues of pain and safe opioid use appear in all areas of clinical practice. The OSSAT will provide a starting point for considering OS strategies in Australian Hospitals and a platform from which to develop frameworks which are more specific to unique clinical areas within hospitals. Your participation in this pilot will provide information on generalisability of this tool across Australian settings.



The Self Assessment Tool

The OSSAT consists of 27 criteria across 7 constructs, which aim to ensure 'adequate analgesia' is achieved using the most appropriate pharmacological and non-pharmacological methods ensuring holistic pain management with minimal harm to the patient and community. This self-assessment was mainly developed to assist hospitals in the prioritising of their OS related improvement activities.

The pilot

The de-identified aggregated results of this assessment will be used for research and educational purposes.

How to Use OSSAT

The Team

Establish a multidisciplinary team to complete the self-assessment.

You will need to **identify** individuals for the team / meetings with organisational knowledge of pain management and opioid stewardship e.g. Director of Pharmacy, Medication Safety Officer, Lead for Acute Pain services or representation from groups such as Medicine Committee, Medication Safety Committee or Opioid Stewardship Committee.

Appoint a member of your team to coordinate the self-assessment. Based on our experience we anticipate that it will take 2 team meetings of approximately 1 hour each to complete this self-assessment.

Completing the survey

Complete the demographic Information

Construct 1-7:

Indicate using the scoring system in the columns in the far-right hand side the degree to which each criterion has been implemented in your healthcare setting (see Figure 1).

Category 1 Considered, but not implemented – indicate *which* areas have been considered

Category 2 Partially implemented in some or all areas or across some or all disciplines – if *some* areas/disciplines - indicate which areas



Category 3 Fully implemented in some areas or disciplines – indicate *which* areas/disciplines

Category 4 Fully implemented across the facility

OSSAT
 Opioid Stewardship Self Assessment Tool
 A systematic approach to introducing concepts of opioid stewardship in acute settings

Construct 1 – Governance	Category 1 <i>Considered, but not implemented – indicate which areas have been considered</i>	Category 2 <i>Partially implemented – indicate which areas/disciplines</i>	Category 3 <i>Fully implemented in some areas or disciplines – indicate which areas/disciplines</i>	Category 4 Fully implemented across the facility
1.1 Does your hospital have a Pain Management, Analgesia or Opioid Stewardship Steering Committee? If yes, does it have multidisciplinary representation from Key Stakeholders and reporting mechanisms to hospital governance committees? <i>Aim of this committee will be to inform, coordinate and <u>action</u> tasks and projects which support comprehensive Stewardship, supported by local data.</i>				X

Figure 1

You might find that some items are well integrated in certain clinical areas e.g. surgery but less well in others e.g. medicine. Please specify in the table (see Figure 2).

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Figure 2

If there is uncertainty within your team regarding an assessment, please verify with relevant clinicians.

In addition to the scoring system include notes that will assist in developing your customised plan for improvement e.g. clinical areas of interest, challenges, special patient populations (see Figure 3).



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<p>1.1 Does your hospital have a Pain Management, Analgesia or Opioid Stewardship Steering Committee? If yes, does it have multidisciplinary representation from Key Stakeholders and reporting mechanisms to hospital governance committees?</p> <p><i>Aim of this committee will be to inform, coordinate and <u>action</u> tasks and projects which support comprehensive Stewardship, supported by local data.</i></p> <ul style="list-style-type: none"> • Medicine – identify clinical champion • Surgery – opportunities in orthopaedics 		Medicine	Surgery	

Figure 3

Use the *Special considerations or comments relevant to local context* section to note additional criteria, plans for follow-up implementation (see Figure 4).



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<p>1.2 Does your hospital have mechanisms to identify if balance measures, which are in place to ensure the quality of pain management, are not compromised by changes to opioid prescribing?</p> <p><i>Key data may include (but is not limited to) rates and qualities of opioid-related incident reports, clinical coding incidents relating to opioids (Y45.0, and others**(?T402 or X42)), results from patient surveys.</i></p> <ul style="list-style-type: none"> • [insert notes as required] 				
<p>1.3 Does your hospital have policies in place which outline the safe and accountable use (closed loop) of Schedule 8 (controlled drugs) and relevant Schedule 4 medicines by hospital staff?</p> <p><i>This includes policies and practices around storage (including strategies to avoid selection error), order, transfer, administration (including comprehensive independent second checks) and disposal of controlled drugs within the hospital, management and return of patient's own controlled drugs, and strategies to identify and address diversion.</i></p> <ul style="list-style-type: none"> • [insert notes as required] 				
<p>1.4 Does your hospital provide a centralised directory of Opioid Stewardship governance, resources, materials, education and contacts?</p> <p><i>e.g. local intranet page.</i></p> <ul style="list-style-type: none"> • [insert notes as required] 				
<p>Construct 1 – Special considerations or comments relevant to local context</p> <ul style="list-style-type: none"> • [insert notes as required] 				

Figure 4



Questions

If there is ambiguity in the interpretation of some questions, please don't hesitate to contact the project lead for clarification (details below).

Feedback

Please don't hesitate to provide feedback to the project lead; you may wish to see additional questions or have feedback on the format of the survey. This information will be considered for developing future iterations of the survey or where relevant incorporated into a *Frequently Asked Questions* section.

On completion of the survey

Please email the finalised survey to Champika.pattullo@health.qld.gov.au

You will be contacted after all the pilot sites have returned their completed surveys; however, a meeting can be organised at a time of your choosing if you wish to discuss findings from your facility.

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