Opioid stewardship program implementation

You have been sent this survey as you were the lead clinician for the opioid stewardship program introduced at your health service (Royal Melbourne Hospital, Royal Women's Hospital or Peter MacCallum Cancer Centre) or have another leadership role in Anaesthesia and Pain Medicine at one of these institutions.

This survey aims to gather background information on which components of the stewardship program were implemented at your health service, how this was achieved, and how commonly these measures are applied in practice now. The survey is mainly factual in nature to provide background information for interviews that will explore the reasons that the opioid stewardship program was implemented as it was. You will receive an invitation to participate in the interview phase of this study also.

Participation in this survey is voluntary and responding to the questions below is taken as your consent to participate. The information will be de-identified after collection and only accessible to the study investigators. We plan to present the findings of this project at medical conferences, publish the findings in the medical literature and explore the results in Megan Allen's thesis (PhD).

If you have any queries or would like further information to decide whether to participate please email megan.allen@mh.org.au

Thank you for considering taking part in this study

Dr Megan Allen on behalf of the study team

Name

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Which health service are your answers applicable to?

◯ Royal Melbourne Hospital
◯ Royal Women's Hospital
◯ Peter MacCallum Cancer Centre
(Where you were involved in the opioid stewardship project)

What is your role at this health service?

☐ Anaesthetist
☐ Pain specialist
☐ Head of Department of Anaesthesia
☐ Head of Pain Service
☐ Pharmacist
☐ Other (please note)
(Select all that apply)

Other role

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Which interventions were implemented at your hospital (select all that apply)

☐ Discharge opioid prescription quantity guideline
☐ Discharge opioid prescription adjunct co-prescription guideline
☐ Requirement for Pain or Palliative care team involvement for new slow release opioid prescribing on discharge (unless per protocol)
☐ Junior medical staff opioid prescribing education
☐ Patient opioid education in pre-admission clinic
☐ Patient opioid medication counselling at dispensing
☐ Written patient opioid medication handling information at dispensing
☐ GP letter or other communication about opioid medication prescribed on discharge
☐ not sure or other (please note)

Other (please note)

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Is there a preferred discharge opioid at your hospital? if so, which one?

_____

What is the recommended discharge opioid prescription quantity in the guideline at your hospital?

_____

Which adjuncts were in the co-prescription guideline?

- ☐ Paracetamol
- ☐ NSAID
- ☐ COX-2 inhibitor
- ☐ Gabapentinoid
- ☐ Anticonvulsant or antidepressant
- ☐ Other (please note)
- ☐ Don't know or can't recall

(Select all that apply)

Other adjunct

_____

How is advice sought or a referral made to the Pain or Palliative Care team about discharge opioid prescription? Who is responsible for seeking advice or making a referral?

_____

How is junior medical staff opioid education delivered?

- ☐ Orientation session presentation
- ☐ Inclusion of guideline in hospital orientation pack
- ☐ Email or memo communication
- ☐ Individual academic detailing
- ☐ Other (please note)
- ☐ Don't know or can't recall

(Select all that apply)

Other JMO education

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How is patient opioid education delivered in the pre-admission clinic?

- ☐ Discussion with medical staff
- ☐ Discussion with nursing staff
- ☐ Discussion with pharmacist
- ☐ Video or web presentation
- ☐ Written information
- ☐ Other (please note)
- ☐ Don't know or can't recall

(Select all that apply)

Other PAC opioid education

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What is covered in the patient opioid education at the time of opioid dispensing?

- ☐ Medication storage
- ☐ Medication disposal
- ☐ Options for non-opioid analgesia
- ☐ Mechanisms for review if ongoing medication requirement
- ☐ Not to share opioid medication with others
- ☐ Other (please note)
- ☐ Don't know or can't recall

(Select all that apply)

Other dispensing education

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What is included in the written opioid handling information provided at time of medication dispensing?

- ☐ Medication storage
- ☐ Medication disposal
- ☐ Not to share opioid medication
- ☐ Other (note)
- ☐ Don't know or can't recall

(Select all that apply)

Other written dispensing information

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How is communication with the GP about discharge opioids achieved?

- ☐ Hard copy letter sent to GP
- ☐ Hard copy letter given to patient
- ☐ Electronic letter sent to GP
- ☐ Section on existing hospital discharge summary
- ☐ Other (note)
- ☐ Don't know or can't recall

Other GP communication

_____

Assessment of extent of implementation of the opioid stewardship program at your health service - how commonly is each component currently delivered?

	All of the time	More than half of the time	About half the time	Less than half of the time	Never	N/A
Quantity of discharge opioid in line with guideline	○	○	○	○	○	○
Adjunct analgesia co-prescribed as per guideline	○	○	○	○	○	○
Specialist pain input for new slow release opioids (unless protocol)	○	○	○	○	○	○
JMO opioid education	○	○	○	○	○	○
PAC patient opioid education	○	○	○	○	○	○
VERBAL patient opioid education at dispensing	○	○	○	○	○	○
WRITTEN patient opioid education at dispensing	○	○	○	○	○	○
GP communication for discharge opioids	○	○	○	○	○	○

Do you have any additional information to share about the opioid stewardship program and its implementation at your health service?

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