

Introduction to Resources for Opioid Stewardship Implementation (ROSI)

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Opioid stewardship promotes the safe and judicious use of opioid analgesic medicines.

Opioid analgesics are often an essential inclusion in multi-modal analgesic regimens required for the management of acute pain. Opioid medications can help facilitate the patient's ability to participate in activities that hasten recovery and prevent the development of complications.

Withholding or restricting the appropriate use of opioid medications is not the intention of an opioid stewardship program however, as most acute pain resolves quickly the need for opioid medications also rapidly declines.

Good Opioid stewardship will ensure that there is a plan for the reduction and cessation of any opioid that is commenced for the management of acute pain and that the risks associated with inappropriate use are minimised.

In 2022, recognising that opioid stewardship is an increasingly important patient safety initiative, the Australian Commission for Safety and Quality in Health Care (ACSQH) published the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard.

The standards aim to provide healthcare organisations, clinicians, and patients with guidelines that help ensure that harms associated with opioid use are minimised and that patient care and outcomes are optimised.

Nine quality statements within the clinical care standard (CCS), outline current best practice for opioid analgesic prescribing in acute pain. Each statement is supported by indicators or recommendations to guide opioid prescribing, increase patient safety and support practice change.

Development of the resources for opioid stewardship implementation (ROSI).

Despite a plethora of academic publications and the availability of many existing resources, clinicians consistently report that they find it challenging to implement opioid stewardship programs and provide evidence of working toward the recommendations contained within the CCS.

Recognising clinicians' desire for information and guides as to how to improve practice, CSL Segirus provided an unrestricted educational grant to support the development of the ROSI.

Resources contained within the ROSI have been developed by a multidisciplinary team of clinicians including pain specialist anaesthetists, acute pain clinical nurse consultant and pharmacists, experienced in facilitating changes in prescribing bioigo and demonstrating significant improvement in patient outcome measures using ROSI tools.

The ROSI can help organisations begin or improve existing opioid stewardship programs, evidence that supports the need for practice change, document improvements over time provide evidence of working toward the recommendations contained within the CCS.

The Faculty of Pain Medicine (FPM) endorses the guides contained within the ROSI and encourages hospitals to adapt them to their local context to ensure they comply with current best practice recommendations opioid prescribing.

The resources and guides included in the ROSI, have been devised for use in clinical practice following of the most current review literature and in consultation with multiple stakeholders. It should be recognised that they have not been formally critically reviewed. Facilities are encouraged to adapt ROSI guides to fit their local clinical context and advancement in research however any changes must not alter the basic intention of the resource.

ROSI guides will be updated and reviewed regularly to reflect new or emerging evidence.

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.

