| Queensland Opioid Stewardship Program  **Survey of discharge prescribing of analgesia after surgery and Emergency Department attendance** | Consultat |
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**Project title:** Survey of discharge prescribing of analgesia after surgery and Emergency Department attendance

**Lay description:** Prescribing of analgesia after surgery and Emergency Department attendance, a survey of doctors’ beliefs and attitudes towards prescribing painkillers and their views on teaching of how to prescribe.

**STUDY INVESTIGATOR(S)** **or** **PROJECT TEAM MEMBERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Email** | **Institution** | **Project Role**  **(e.g. Principal Investigator)** |
| Dr Stephen Gilbert | 07 4433 5300 | [Stephen.gilbert@health.qld.gov.au](mailto:Stephen.gilbert@health.qld.gov.au) | Townsville University Hospital | Principal Investigator |
| Mrs Champika Pattullo |  | [Champika.pattullo@health.qld.gov.au](mailto:Champika.pattullo@health.qld.gov.au) | Royal Brisbane and Women’s Hospital | Principal Investigator |
| Dr Hannah Wang Tian Yun | +61 473 994 462 | [Hannah.wangtianyun@health.qld.gov.au](mailto:Hannah.wangtianyun@health.qld.gov.au) | Mater Health Services North Queensland | Doctor Researcher |

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## Introduction

Survey of discharge prescribing of analgesia after surgery and Emergency Department attendance is a study designed to target Resident Medical Officers (RMOs), Specialist Trainees and Consultants. This study seeks to understand the attitudes behind prescribing analgesia in specific clinical settings, to allow policy makers make targeted interventions with regards to opioid-prescribing.

## Background

**The Problem**

The startling rise in opioid prescribing (15-fold increase in the past two decades) and related harm in Australia is well described (Blanch 2014, AIHW 2018). The 2,152,145 prescriptions dispensed in 2018 in Queensland is the result of a 2.3-fold increase in period 2008 -2018 (0.18 per capita to 0.43 per capita).

Evidence shows that the risk of long-term opioid use increases substantially with each additional day of an initial prescription, particularly if prescribed more than five days of therapy (Hoppe 2015). Therefore, it is paramount that hospitals providing acute care assist with curbing the ongoing rise in opioid use in Queensland. Opioid Stewardship (OS) is a systematic approach to managing opioid prescribing. It involves judicious use of opioids as a part of multimodal pain management strategy, improved patient education and clinical handover. The overarching goal is to find a balance between providing appropriate pain management while avoiding unintended harm relating to opioid use.

**What’s has been done so far from a Queensland Perspective**

The Optimising Opioid Prescribing ProjectS (OOPPS) is based on a successful prescriber-led practice improvement program piloted in the Emergency Department (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).  Similar improvements to practice was seen when scaled and spread to other facilities and to clinical settings, e.g. surgery.

**Challenges**

However, there were differences in the sustainability of the changes to prescribing practices between the junior doctors in ED and surgery, with the changes to in the surgical cohort often more short-lived. Several factors may explain this observation, differences in care models including the presence and influence of Senior Medical Officers (SMOs) on ward prescribing practices between the two areas may be a key distinction, with surgeons often occupied in the Operating Theatre. These differences may make a direct comparison of results of little value. It does highlight the importance of designing and adapting the approach to suit unique clinical settings with both areas demonstrating an improvement in what was considered to be a ‘tailored’ approach to oxycodone prescribing.

## Aim

We propose a survey of medical staff to better understand the factors that influence their prescribing and use this information to develop more targeted interventions in the future.

## Objective

Develop an understanding of analgesia and opioid prescribing among junior doctors and SMOs in specific clinical settings, such as in ED and other post-operative areas.

## Hypothesis

We hypothesise that there may be varying levels of understanding and confidence with regards to analgesia prescribing after surgery and in ED. There may also be differences in teaching, guidance and supervision, provided for RMOs.

## Project Design

This project is an observational study based on answers to survey questions designed by a specialist pain physician and reviewed by pharmacists and Acute Pain specialists. Survey questions will be sent electronically, through departmental directors, with tailored questions in one survey for Resident Medical Officers (RMOs) (see Appendix 1) and another for Consultants and specialist trainees (see Appendix 2), who are responsible for supervising the RMOs. Consent will be obtained, and participation is voluntary.

The responses will be analysed and written up for publication in a peer reviewed journal, presented as a poster at scientific meetings and used by local clinical leads to inform the development of targeted interventions. This trial will also be registered with Australia and New Zealand Clinical Trials Registry (ANZCTR).

## Project setting

This survey will be a multi-centre study conducted in RBWH and Townsville University Hospital (TUH).

## Project duration

The study will be conducted for a few months over to a year, with the following timeline:

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| **Timeline** | **Action** |
| May – June | Edit project template and gain ethics approval |
| June | Meetings with principal investigator |
| June – September | Launch survey and register trial with (ANZCTR) |
| September – November | Collate results from survey into excel |
| November – December | Present poster at scientific meetings, write up for publication in peer reviewed journal |

## Project population

The survey will be targeted at RMOs, Specialist Trainees and Consultants working in ED or surgical fields in RBWH or TUH.

### Inclusion criteria

The study will include RMOs, Specialist Trainees and Consultants in RBWH or TUH working in the following fields:

* Emergency Department, or
* Ear, Nose and Throat Surgery
* Cardiothoracic Surgery, or
* General Surgery, or
* Vascular Surgery, or
* Maxillofacial Surgery, or
* Neurosurgery, or
* Obstetrics and Gynaecology, or
* Ophthalmology, or
* Orthopaedics, or
* Paediatric Surgery
* Colorectal Surgery, or
* Urology.

### Exclusion criteria

There are no exclusion criteria.

## Potential for risk, burdens and benefits to participants

There are no apparent disadvantages or risks in taking part in this research. There are no personal benefits to undertaking of the survey, however participants can leave their email to be informed of outcomes of study and publication of research when available. Information collected will be stored securely on password-protected PCs in a locked office. After 10 years from the end of the study all data will be destroyed securely.

## Project outcomes

The outcomes of this study will help us to understand more about how Consultants and specialist trainees think about prescribing analgesia and how they teach RMOs. From the RMOs’ perspective, we hope to learn more about how they perceive the teaching they have had on prescribing and their views on how to prescribe.

## Project procedures

We will send emails electronically to department directors of hospital specialties stated in the inclusion criteria, attached with the link to surveys and information sheets.

Consent will be implied by completion of the survey form. Participants will be informed that participation in the research and return of the form is entirely voluntary.

## Sample size and data analysis

Not applicable for this study

## Dissemination of results and publications

Results will be analysed and will be available to a range of people, including health professionals, healthcare students and researchers through written reports, established website reports, the media, presentations and journal publications. However, it will not be possible to identify any individual participant from these reports or publications as responses will be kept anonymous.

## Outcomes and significance

This project may help to inform policy makers and clinical guidelines on how to improve discharge prescribing of analgesia in specific clinical settings, to optimise pain management and tailor prescribing to the patient’s need, while reducing the risk of over-prescribing of opioids and associated harm.

There are two primary outcomes, based on Residents Medical Officers' views on prescribing analgesia will be assessed using a study-specific questionnaire, and compared to Queensland Health guidelines for analgesic prescribing, with the other primary outcome in relation to Consultant and Specialist Trainees.

There are two primary outcomes, one to do with Residents Medical Officers' perception on teaching of analgesia prescribing and the other to do with Consultants and Specialist Trainees' perception on teaching of analgesia prescribing.

## Glossary of abbreviations

RBWH Royal Brisbane and Women’s Hospital

RMOs Resident Medical Officers

SMOs Senior Medical Officers

TUH Townsville University Hospital

## References

1. Australian Institute of Health and Welfare. (2018). Opioid harm in Australia: and comparisons between Australia and Canada. Canberra: AIHW.
2. Blanch B, Pearson SA, Haber PS. An overview of the patterns of prescription opioid use, costs and related harms in Australia. Br J Clin Pharmacol. 2014;78(5):1159‐1166. doi:10.1111/bcp.12446

## Appendices

Appendix 1; RMO Information

Appendix 1a; Consultant and specialist trainee information

Appendix 2; Survey of RMO discharge prescribing

Appendix 2a; Survey of Consultant and specialist trainee discharge prescribing

Appendix 3; Invitation to participant - Survey of discharge prescribing of analgesia after surgery and Emergency Department attendance