Opioid analgesic stewardship: 5a - Proportion of patients that separated from hospital with a supply or prescription of opioid analgesics who also received a supply or prescription of paracetamol and nonsteroidal anti-inflammatory medicines

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	5a - Proportion of patients that separated from hospital with a supply or prescription of opioid analgesics who also received a supply or prescription of paracetamol and non-steroidal anti-inflammatory medicines
METEOR identifier:	755558
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022
Description:	The proportion of patients that physically departed from the hospital with a supply or prescription of opioid analgesics who also received a supply or prescription of paracetamol and non-steroidal anti-inflammatory medicines.
Rationale:	Taking opioid analgesic medicines for longer than required to manage acute pain can lead to the medicine becoming less effective and cause harm. One approach to reducing the use of opioid analgesic medicine involves reducing the dose while continuing to use other medicine, such as paracetamol and anti-inflammatories, to manage the pain.
	Health services should ensure policies, procedures and systems are in place for clinicians to supply or prescribe paracetamol and anti-inflammatories alongside opioid analgesics.
Indicator set:	Clinical care standard indicators: Opioid Analgesic Stewardship in Acute Pain - Acute care edition Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022

Collection and usage attributes

Computation description:	The numerator and denominator include patients admitted to hospital and non- admitted patients treated in the emergency department.	
	For admitted patients 'physically departed' means on separation from hospital to their usual place of residence, which may include a residential care facility. For non- admitted emergency department patients, it means at the end of the emergency department stay when the patient departs the hospital without being admitted to the same hospital or transferred to another hospital.	
	The <u>Separation mode</u> data element for admitted patients and the <u>Episode end</u> <u>status</u> data element for non-admitted emergency department patients can be used to help identify denominator cases. Inclusion values for these data elements are:	
	Separation mode	
	21 - Discharge/transfer to a residential aged care service, which is not the usual place of residence	
	22 - Discharge/transfer to a residential aged care service, which is the usual place of residence	
	90 - Other: includes discharge to usual residence (not including residential aged care), own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services)	
	Episode end status	
	2 - Emergency department stay completed - departed without being transferred to a short stay unit, hospital-in-the-home or other admitted patient care unit in this hospital or referred to another hospital.	
Computation:	Presented as a percentage. (Numerator ÷ Denominator) x 100	
Numerator:	Number of patients in the denominator who received a supply or prescription of paracetamol and non-steroidal anti-inflammatory medicines.	
Denominator:	Number of patients who physically departed from hospital with a supply or prescription of opioid analgesics.	
Representational attributes		

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Service event
Format:	N[NN]

Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Reference documents:	Australian Commission on Safety and Quality in Health Care. Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – Acute care edition. Sydney: ACSQHC; 2022.