WHAT IS STEWARDSHIP

The backbone of any stewardship program follows the same principles: safe prescribing so that the right patient receives the right drug at the right dose for the right indication for the right length of time.

Opioid stewardship is a coordinated effort to promote:

- Appropriate use of opioids and opioid agonist therapy
- Improved patient outcomes
- Reduced opioid-associated harms such as overdose and opioid use disorder

WHO ARE WE

Our provincial interdisciplinary team is made up of clinicians (pharmacists, nurse navigators, nurse practitioners, physicians, and social workers), researchers, data analysts, and administrators. In addition to our regular team, we collaborate with students and residents from various health profession backgrounds.

WHAT SERVICES DO WE PROVIDE

We support clinicians and patients with evidenceinformed education and resources on appropriate prescribing of non-pharmacological and pharmacological therapies to optimize and reduce the use of opioids.

Examples of services we provide:

- Order-set review and optimization
- Collection and analysis of opioid utilization data in Saskatchewan hospitals
- Perform patient opioid related risk assessment (MORE Tool – see reverse)
- Provide assessments and recommendations for opioid optimization in person and by phone

ADDITIONAL STEWARDSHIP ACTIVITIES

Education is a vital part of opioid stewardship. We provide formal and informal educational sessions to all health care providers and the public upon request. Topics can include pain, opioids, opioid use disorder, and more. If you need a presenter for your Grand Rounds or Nursing Education Days—connect with our team!

Our team conducts ongoing quality improvement and research projects. We recognize the importance of collaboration with others, therefore **we continuously seek connections with other researchers, clinicians, and students for projects.**

Lastly, we just initiated a Canadian Opioid Stewardship Community of Practice—interested in this practice area? Connect with us and we'll add you to the group!

HOW TO CONNECT WITH US

Telephone: 306-766-3522 Email: opioid.stewardship@saskhealthauthority.ca Website: <u>SHA Opioid Stewardship Program</u>







Stewardship and Clinical Appropriateness Opioid Stewardship Program



Opioid Review and Optimization (MORE) Tool Opioid Stewardship Program



INITIAL APPLICABLE BOXES

Pain assessment and diagnosis:

Prior to admission opioid and substance use (prescription/illicit):

| Non-opioid an | Morphine =1; Hydromorphone =5; Oxy =1 Suboptimal Dose, Route, an IV/SC/IM route ordered when PO ro | Revie | ew Opioid Medi | | RNs based on dose | | Total: | |
|-------------------|---|---|--|---|---|---|----------------|--|
| - | Morphine =1; Hydromorphone =5; Oxy =1 Suboptimal Dose, Route, an IV/SC/IM route ordered when PO ro | Revie | ew Opioid Medi | | RNs based on dose | | Total: | |
| | Morphine =1; Hydromorphone =5; Oxy =1 Suboptimal Dose, Route, an IV/SC/IM route ordered when PO ro | Revie | ew Opioid Medi | | RNs based on dose | | Total: | |
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| | Morphine =1; Hydromorphone =5; Oxy =1 Suboptimal Dose, Route, an IV/SC/IM route ordered when PO ro | Revie | ew Opioid Medi | | RNs based on dose | | lotal: | |
| 1ED multiplier: I | Suboptimal Dose, Route, an | Revie | ew Opioid Medi | | RNs based on dose | | | |
| | □ IV/SC/IM route ordered when PO ro | | | cation Orders and Pi | | s actually received | prior 24 hours | |
| | □ IV/SC/IM route ordered when PO ro | nd Freque | | cation Orders and Ki | sk Factors | | | |
| | _ ` ` | | Suboptimal Dose, Route, and Frequency Suboptimal Drug Combinations | | | | | |
| | □ Excessively frequent regular dosing | \Box IV/SC/IM route ordered when PO route is viable | | | \Box PO/IV opioids ordered as equivalent dosing | | | |
| | □ Excessively frequent regular dosing (≤ Q4H) □ PRN opioid order being used regularly (≥ 6 doses/day) | | | Combinations of <u>different</u> opioids for acute pain (except methadone or fentanyl) Reprodizzenings and opioids ordered together | | | | |
| | | | | | | | | |
| IVI – | □ Long acting opioids started for acute pain within first 5 | | | Benzodiazepines and opioids ordered together No scheduled non-opioid analgesic ordered | | | | |
| | days of hospital stay or for opioid naïve patient Order greater than 10 MED/dose or 7 days therapy for | | | Opioid agonist therapy not adjusted for pain management | | | | |
| | opioid naïve patient | | | □ No current order for naloxone PRN | | | | |
| Medication | Opioid-Related Overdose Risk Factors | | | | | | | |
| and Risk | Mental health disorder diagnosis: | | | | | 4) for opioids on | PIP | |
| Factor | □ Current history of any substance use disorder | | | Prescription for fentanyl on PIP | | | | |
| Poviow | □ History of opioid overdose | | | Receiving greater than 90 MED/day | | | | |
| | □ History of pancreatitis | | | Receiving long-acting opioid Total # of Risk Factors | | | | |
| | □ Multiple prescribers (> 3) for opioids on PIP | | | Naloxone received as inpatient | | | Factors. 721 | |
| | Actions to Optimize Therapy | | | | | | | |
| | Change IV/IM/SC to oral route | | Rotate to a different opioid | | _ | Add new non-opioid pain analgesic | | |
| \mathbf{U} | Adjust dose or frequency | | _ · · | long acting opioids | | Optimize non-opioid pain analgesic Add howel care medications | | |
| | Stop PRN opioid Stop regular opioid | | Taper or stop benzodiazepine Add naloxone PRN | | | Add bowel care medications Other: | | |
| Optimize | | | | | | | | |
| | Refer at Risk Patients | | | | | | | |
| | If patient has multiple opioid-related risk factors AND requires ongoing opioid therapy, consider referring to appropriate resources/servic in geographical area. (e.g., RAAM, Mental Health Services, Acute Pain Services, Chronic Pain Clinic, First Nations and Metis Health, etc.) | | | | | | | |
| | | intui incuit | 11 5 61 11 6 6 5, 7 16 4 6 | | | | | |
| Refer | Recommend Referral(s) to: | | | | | | | |
| | Education | | | | Details/Other Actions | | | |
| | | | | ed appropriate durat | | | | |
| | Counselled patient on non-opioid op | • | | ity of opioid for discl | _ | | | |
| | Counselled patient on safe opioid | | | | ed opioid taper or Referral(s) recommended | | | |
| | disposal Naloxone education provided +/- kit | | discontinuati | on vid plan communicate | | | | |
| Euucation | \Box Educated healthcare team | · | community | | | | | |

Signature and Contact Info: ____

_____ Date/Time: ____

SHA 0410 (05/24)

Email: <u>Opioid.Stewardship@saskhealthauthority.ca</u> Ph: 306-766-3522