Response to the Australian Commission on Safety and Quality in Health Care (ACSQHC)

Draft Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard

Consultation
September 2021

Introduction

Palliative Care Australia (PCA) is the national peak body for palliative care. PCA represents those who work towards high quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, we aim to improve access to, and promote palliative care. We believe quality palliative care occurs when strong networks exist between specialist palliative care providers, primary care providers and support care providers and the community.

PCA Response to the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard

PCA commends the Australian Commission on Safety and Quality in Health Care (ACSQHC) for its leadership in progressing the development of the National Opioid Analgesic Stewardship Program, including the draft Clinical Care Standard on Opioid Analgesic Stewardship in Acute Pain. The use and management of opioids in the Australian health care system and around the world is a critical area of policy and health systems regulation. PCA recognises that governments and regulators need to take appropriate action to prevent and mitigate against the misuse of opioids and the increasing rates of opioid addiction and dependence in the general population. **PCA, however, is also concerned that palliative care patients can be at risk of unintended harm and put at significant risk of increased pain and suffering when regulations at the legislative and health system level place restrictions on opioid prescription and use without appropriate exemptions or separate arrangements for palliative care patients.**

PCA would like to draw the Commission's attention to the Section in The ACSQHC Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard Consultation Draft (August 2021): *About the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – What is Not Covered.*

"This clinical care standard does not cover:
a) management of the following pain conditions with opioid analgesics
    1) chronic non-cancer pain
    2) cancer pain
    3) pain in palliative care**
    4) labour and delivery pain."

PCA understands the Acute Pain Clinical Care Standard is not intended to cover the prescribing of opioids for general pain management for palliative care patients. However, **there will be situations when palliative care patients are hospitalised for acute episodes which may or may not be related to their life-limiting illness. In these situations, palliative care patients will require additional consideration in the prescribing of opioid analgesics, to both manage the underlying pain related to their life limiting illness and the concurrent pain condition. In our experience the bigger issue relates to inadequate analgesia, inadequate clinical support or involvement of specialist teams to support the adjustment of opioids as the acute pain condition resolves and use of inappropriate opioid regimes (such as adding of a second opioid, poor understanding of opioid equivalent doses in conversion to another opioid during acute pain episode). It is also common that it may not be immediately identified that the person is a patient with a life limiting illness.**

In May 2019, PCA published a Position Statement on Sustainable Access to Prescription Opioids for use in Palliative Care (Attachment 1). This Position Paper outlines PCA's views about access to opioids for people living with a life-limiting illness and receiving palliative care including in acute settings. One of the recommendations (abbreviated) from the position statement is:

6. Palliative care teams to work with acute services to develop opioid stewardship policies informing clinical plans to ensure appropriate prescribing, de-prescribing, and dispensing of opioids with rapid communication to the primary care team and community pharmacy to reduce risk of forced tapering of appropriate opioid management.

The Position Statement was endorsed by 12 other peak health bodies:

- Australian College of Nurses (ACN)
- Australian College of Nurse Practitioners (ACNP)
- Australian College of Rural and Remote Medicine (ACCRM)
- Australian Healthcare and Hospital Association (AHHA)
- Australian and New Zealand Society of Palliative Medicine (ANZSPM)
- Australian Pain Society (APS)
- Pain Australia
- Paediatric Palliative Care Australia and New Zealand (PAPCANZ)
- Palliative Care Nurses Association (PCNA)
- The Pharmacy Guild of Australia
- Royal Australasian College of Physicians (RACP), and
- Society of Hospital Pharmacists of Australia (SHPA).

The draft Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard does not recognise the needs of patients receiving palliative care who also have presentations to hospitals for acute pain or who experience acute pain perioperatively. This cohort of patients is at risk of poor opioid stewardship, including under-prescription of analgesia during an inpatient stay, and on discharge to the community.

PCA would welcome the following additional statements to ensure patients receiving palliative care have effective acute pain management:

1. In "Background: Opioid Analgesic Stewardship in Acute Pain – Opioid analgesic stewardship" (page 13 commencing line 52) in relation to the management of patients receiving palliative care in parallel to acute pain management, the statement might include reference to baseline opioid dosing levels (both regular and for breakthrough pain), closer monitoring of titration, and clear

communication with palliative care services for ongoing management. Issues where the route or opioid type is changed during the acute episode also should be covered.

2. In "Quality Statement 3 Risk Assessment" commencing line 25, the cohorts of patients considered being at increased risk of opioid analgesic-related harm are identified. PCA would welcome the inclusion patients receiving opioid treatment as part of their palliative care symptom management in this statement as they are at risk of under prescription of opioids and subsequently harm due to poor pain management. The appropriate prescribing of opioids should not be limited to a framework solely for restriction of use, but rather support for appropriate dosing (which will often mean increased dosing) for palliative care patients. Otherwise, the greater risk may be that staff's fears will lead to underuse of opioids and patients dying in pain.[1]

3. In "Quality Statement 4: Pathway of Care" the Purpose Statement identifies referrals to appropriate support services and escalation of care to specialist services. This list should also include Specialist Palliative Care Services to ensure that patients have access to overall symptom management including the additional burden of acute pain.

4. In "Quality Statement 5" the section "For Clinicians" includes a prompt to consider the individual patient's characteristics including other health conditions. It states, "Consider the patient's opioid-status and other medicines prescribed" (page 25 lines 1-3). PCA suggests adding a note to identify whether the person has a life limiting illness and whether they are in the care of a palliative care team.

[1] Gerber, K., Willmott, L., White, B., Yates, P. Mitchell, G., Currow, D. and Piper, D. (2021), Barriers to Adequate Symptom Relief at the End of Life: A Qualitative Study Captures Nurses' Perspectives, Collegian, 19:25.