# **MODULE 2:** INDUCTION AND STABILISATION

**Indicators of best practice**

1. Authority to prescribe the specific OAT obtained from NSW Health
2. Starting doses prescribed within guideline recommendations*
3. Dose increases were gradual and followed guideline recommendations*
4. Supervised dosing undertaken during induction and switching of OAT*
5. Adequate monitoring during induction and stabilisation, including for intoxication and withdrawal
6. Frequency of clinical review during induction reflected clinical need
7. Evidence of AOD specialist input where required, i.e. complex needs

*variations must be clinically justified and documented in patient notes

**Notes**

- Complete the self-audit for a random 10% sample (or at least 5 patients) being prescribed opioid agonist treatment.
- Use one audit form per patient record.
- Select the most appropriate options on the audit form based on what is **documented** in the patient records.
- Set targets to reach for each indicator (best practice is 100%)
- Calculate the results of the self-audit and develop an action plan to address identified gaps. Only one results sheet is required per self-audit cycle.
- Complete a follow up self-audit to measure the impacts of your action plan.

**Module 2: Induction and stabilisation**

Along with assessment, treatment planning, and the provision of health care and social support, the main goal in the first 1-3 months is to safely achieve an adequate dose to assist in stabilising the patient's opioid use. Complete the following questions based on the period where the dose of treatment is being titrated.

Patient initials: _____ Date of Birth: _ _ / _ _ / _ _ _ _

Prescriber name: _____ Audit date: _ _ / _ _ / _ _ _ _

Auditor name/s: _____

**2.1 Has the NSW Health authority to prescribe the selected agonist treatment has been obtained through the Pharmaceutical Regulatory Unit (PRU)?**

☐ Yes ☐ No

**2.2 The starting dose (day 1) for sublingual buprenorphine or methadone at initiation based on clinical assessment was:**

| | | | |
|---|---|---|---|
| 2.2.1 ≤ 8mg s/l buprenorphine | ☐ Yes | ☐ No | ☐ N/A |
| 2.2.2 ≤ 40mg oral methadone | ☐ Yes | ☐ No | ☐ N/A |
| 2.2.3 Higher than recommended dose with addiction specialist consultation | ☐ Yes | ☐ No | ☐ N/A |
| 2.2.4 Higher than recommended dose **without** addiction specialist consultation | ☐ Yes | ☐ No | ☐ N/A |

**2.3 Dose increases for s/l buprenorphine or methadone were:**

| | | | |
|---|---|---|---|
| 2.3.1 s/l buprenorphine: ≤ 8mg per day | ☐ Yes | ☐ No | ☐ N/A |
| 2.3.2 Methadone: 5-10mg every 3-5 days based on clinical assessment | ☐ Yes | ☐ No | ☐ N/A |
| 2.3.3 More rapidly than recommended with addiction specialist consultation | ☐ Yes | ☐ No | ☐ N/A |
| 2.3.4 More rapidly than recommended **without** addiction specialist consultation | ☐ Yes | ☐ No | ☐ N/A |

**2.4 If the patient was commenced on depot buprenorphine, were regular clinical reviews documented during dose titration?**

☐ Yes ☐ No ☐ N/A

**2.5 During induction and stabilisation, all doses were supervised (i.e. no 'take away' doses)**

☐ Yes

☐ No (but with documented specialist consultation)

☐ No

**2.6 Frequency of reviews during induction reflected clinical need**

☐ Yes ☐ No

**2.7 During induction and titration of OAT, there was regular review of the following:**

| | | |
|---|---|---|
| 2.7.1 Intoxicated presentations | ☐ Yes | ☐ No |
| 2.7.2 Symptoms of withdrawal | ☐ Yes | ☐ No |
| 2.7.3 Ongoing cravings | ☐ Yes | ☐ No |
| 2.7.4 Other substance use | ☐ Yes | ☐ No |
| 2.7.5 Patient goals[A] | ☐ Yes | ☐ No |
| 2.7.6 Patient wellbeing and satisfaction with treatment | ☐ Yes | ☐ No |
| 2.7.7 Evidence of injected or other drug use | ☐ Yes | ☐ No |
| 2.7.8 Adherence to treatment[B] | ☐ Yes | ☐ No |

[A] e.g. reduction in medical use, reduction in high-risk activity, progress towards abstinence

[B] e.g. checking with pharmacy dosing point

**2.8 Addiction specialist consultation is documented for patients with more complex clinical presentations including:**

| | | | |
|---|---|---|---|
| 2.8.1 Rapid dose increases required | ☐ Yes | ☐ No | ☐ N/A |
| 2.8.2 The patient must suddenly discontinue prescribed opioids | ☐ Yes | ☐ No | ☐ N/A |
| 2.8.3 The patient has an unclear level of opioid tolerance | ☐ Yes | ☐ No | ☐ N/A |
| 2.8.4 The patient engages in high-risk polydrug use | ☐ Yes | ☐ No | ☐ N/A |
| 2.8.5 The patient has concomitant physical conditions and/or uses other medicines that may affect the metabolism of methadone | ☐ Yes | ☐ No | ☐ N/A |
| 2.8.6 The patient has already discontinued their opioids (e.g. disrupted supply / treatment) | ☐ Yes | ☐ No | ☐ N/A |
| 2.8.7 Difficulty stabilising on a dose of methadone due to continued substance use, side effects and poor adherence (e.g. frequent missed doses, dose diversion) | ☐ Yes | ☐ No | ☐ N/A |

| **Results table** (use this template to record results following data collection) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Indicator** | **Meets the indicator if** | **Y/N Pt 1** | **Y/N Pt 2** | **Y/N Pt 3** | **Y/N Pt 4** | **Y/N Pt 5** | **Total Y (%)** |
| 1. Authority to prescribe the specific OAT obtained from NSW Health | Q2.1 is 'Yes' | | | | | | |
| 2. Starting doses prescribed within guideline recommendations* | Q2.2 | | | | | | |
| 3. Dose increases were gradual and followed guideline recommendations* | Q2.3 | | | | | | |
| 4. Supervised dosing undertaken during induction and switching of OAT* | Q2.5 if 'Yes' or 'No (but with documented specialist consultation)' | | | | | | |
| 5. Adequate monitoring during induction and stabilisation, including for intoxication and withdrawal | Q2.7 is all 'Yes' | | | | | | |
| 6. Frequency of clinical review during induction reflected clinical need | Q2.6 is 'Yes' | | | | | | |
| 7. Evidence of AOD specialist input where required, i.e. complex needs | Q2.8 if all questions answered with 'Yes' or 'N/A' | | | | | | |

| **Action plan** (use this template to plan actions to address gaps and record dates of completion) | | |
|---|---|---|
| **Indicators where less than target 100% achieved** | **Planned actions to address gap** | **Date actions completed** |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

**Re-audit:** Following action plan completion, conduct another self-audit, eg after 3 months and compare the results.