

## Appendix 1

### Survey content

#### ***Section 1: Current opioid handling at your health service***

Is there an acute pain service at your health service?

Which of the following components of opioid stewardship exist at your health service?

- Education for junior medical staff prescribers?
- Patient education in Pre-Admission (Anaesthetic) Clinic?
- A discharge prescribing guideline?
- Limits on prescribed opioid quantity (except when directed by specialists such as Pain Medicine or Palliative Care)?
- Co-prescribing of adjunct analgesia (e.g. paracetamol, NSAIDs)?
- Routine pharmacist medication counselling to patients prescribed opioids?
- Written information on appropriate medication handling and disposal for patients at the point of medication dispensing?
- Routine communication with general practitioners on individualised patient hospital opioid analgesia plans and hospital opioid prescribing?
- Advice to the general practitioner about how to access specialist advice for difficulties in pain management or ceasing acute opioid therapy?
- None of the above

If opioid stewardship at your health service includes measure other than those above please describe these: (free text; optional response)

#### ***Section 2: Barriers to implementing an opioid stewardship program***

As part of a funded health services research trial, would you be willing to implement the complete program (described below) in your institution?

- Education for junior medical staff prescribers?
- Patient education in Pre-Admission (Anaesthetic) Clinic?
- A discharge prescribing guideline?
- Limits on prescribed opioid quantity (except when directed by specialists such as Pain Medicine or Palliative Care)?
- Co-prescribing of adjunct analgesia (e.g. paracetamol, NSAIDs)?
- Routine pharmacist medication counselling to patients prescribed opioids?
- Written information on appropriate medication handling and disposal for patients at the point of medication dispensing?
- Routine communication with general practitioners on individualised patient hospital opioid analgesia plans and hospital opioid prescribing?
- Advice to the general practitioner about how to access specialist advice for difficulties in pain management or ceasing acute opioid therapy?

Please describe any perceived barriers (free text; optional response)

### ***Section 3: Practice type and location***

How many operating theatres are there in your health service?

- >20
- 16-20
- 11-15
- 6-11
- 5 or less

What is your country of practice? (Australia / New Zealand)

What type of hospital do you usually work in? (from AIHW definitions)

<https://www.aihw.gov.au/reports/hospitals/australian-hospital-peer-groups/contents/table-of-contents>)

- Public acute hospital – major centre (ICU, 24 hour ED, broad surgical specialty coverage)
- Public acute hospital – general hospital
- Private acute hospital – major centre (ICU, 24 hour ED, broad surgical specialty coverage)
- Private acute hospital – general hospital
- Specialist hospital (Women’s and/or Children’s, Cancer Centres)

***Section 4: Trial interest***

Would you like to be contacted about participating in a trial on the introduction of an opioid stewardship intervention at your health service?

Any other comments?