

A QUALITY IMPROVEMENT INITIATIVE FOR DESIGNING AND IMPLEMENTING A MILITARY SERVICE SCREENING TOOL FOR A COMMUNITY EMERGENCY DEPARTMENT



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CE Earn Up to 9.0 CE Hours. See page 462.

Problem: Veterans eligible for health care in the Veterans Administration (VA) health system often receive care in community emergency Departments. In line with initiatives from Joining Forces and the American Academy of Nursing, emergency departments have an opportunity to screen for veterans during routine ED visits and provide resource information regarding various VA services.

Methods: Our aims were to design and implement a screening process to identify veterans during an ED visit, notify ED providers of veteran status, and develop a Veteran Resource Guide to be distributed at the time of discharge. We embedded the mandatory question, "Have you ever served in the military?" in the electronic medical record (EMR). This question was asked of all patients 18 years and older.

Results: During an 80-day period, we screened 9364 patients and identified 415 veterans who would not be known to the providers using standard methods. We were able to deliver the Veteran Resource Guide to 77 of the 277 veterans discharged home.

Implications for Practice: The addition of the mandatory question about military service to the EMR during the primary care assessment successfully identified veterans who presented for care in a community emergency department. Future initiatives should include automated processes to ensure that the Veteran Resource Guide is provided and to foster collaboration between community emergency departments and the VA.

Key words: Veterans; Emergency departments; Electronic medical record; Patient-centered care; Process improvement

National attention is focused on veterans' access to health care. Although the Department of Veterans Affairs (VA) operates the nation's largest health care

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J Emerg Nurs 2016;42:400-7.

Available online 28 March 2016

0099-1767

Published by Elsevier Inc. on behalf of Emergency Nurses Association.

<http://dx.doi.org/10.1016/j.jen.2015.11.009>

system,¹ only 8.93 million (40.5%) of the estimated 21.97 million veterans are currently enrolled in the VA health care system,² and of those enrolled, only 28% receive their health care through the VA.³ Veterans routinely present to community hospital emergency departments for treatment; however, there is no process to identify those who served in the military and thus no recognition of potential co-morbidities related to military service such as posttraumatic stress disorder, traumatic brain injury, or exposures to toxins. Staff members at community emergency departments in the 5 United States cities with the largest Veteran populations (Jacksonville and Fayetteville, NC, Hampton, VA, Clarksville, TN, and Killeen, TX) reported no standardized process for identifying veteran status of patients accessing the emergency department.⁴ Staff members at all 5 emergency departments mentioned using TriCare insurance, the military's health care insurance, as a proxy for military service. However, using TriCare insurance as a gauge of military service is fraught with inaccuracies, because many

veterans do not qualify for this insurance. In addition, some family members of active and retired military are eligible for TriCare insurance. Thus, veterans would be missed if TriCare insurance was used as the only identifier of veteran status. Therefore, we sought to establish an alternate method of identifying veterans who present to the emergency department.

Integration of Veteran Care Initiatives

National initiatives encourage health care providers to ask about current or past military service. The “Have You Ever Served in the Military?” campaign, launched by the American Academy of Nursing (AAN),⁵ supports the “Joining Forces” campaign initiated by First Lady Michelle Obama and Dr Jill Biden.⁶ Both campaigns recognize health conditions unique to military service. AAN developed a pocket card (Figure 1) for health care providers that outlines

conditions endemic to a veteran’s time of service and questions that should be asked of veterans for better screening and overall health care.⁵ In addition, the American Medical Association (AMA) recently approved the inclusion of military history and veterans’ status as a “social history” Current Procedural Terminology (CPT) code.⁷ This step gives weight to the importance of identifying those who have served in the military. However, the CPT code can only be entered if the patient is asked about military service. A critical starting point is asking about military service in all community settings where veterans receive health care.^{8–12}

The Role of Community Emergency Departments

Readiness to screen and the provision of culturally competent care for veterans first requires emergency departments to have

MILITARY HEALTH HISTORY POCKET CARD FOR CLINICIANS

HAVE YOU EVER SERVED?

www.HaveYouEverServed.com

Have you or has someone close to you ever served in the military?

- When did you serve?
- Which branch?
- What did you do while you were in the military?
- Were you assigned to a hostile or combative area?
- Did you experience enemy fire, see combat, or witness casualties?
- Were you wounded, injured, or hospitalized?
- Did you participate in any experimental projects or tests?
- Were you exposed to noise, chemicals, gases, demolition of munitions, pesticides, or other hazardous substances?

Have you ever used the VA for health care?

- When was your last visit to the VA?
- Do you have a service-connected disability or condition?
- Do you have a VA primary care provider?

Suicide Risk

Certain observable cues (affective and behavioral) should prompt the clinician to remain alert to the possible presence of suicidal ideation:

- shame
- humiliation
- irrational thinking
- paranoia
- agitation
- anxiety
- insomnia
- irritability
- despair
- profound social withdrawal
- neglecting personal welfare
- deteriorating physical appearance
- feeling trapped
- feeling like there's no way out
- feeling that life is not worth living
- feeling like there is no purpose in life
- feelings of failure or decreased performance
- sense of hopelessness or desperation

General Areas of Concern for All Veterans

Post-Traumatic Stress

- Have you ever experienced a traumatic or stressful event which caused you to believe your life or the lives of those around you were in danger?
- Experiencing trauma-related thoughts or feelings?
- Having nightmares, vivid memories or flashbacks of the event?
- Feeling anxious, jittery?
- Experiencing a sense of panic that something bad is about to happen?
- Having difficulty sleeping or concentrating?

Military Sexual Trauma

- During military service did you receive unwanted or unwanted sexual attention, such as touching, pressure for sexual favors or sexual remarks?
- Did anyone ever use force or threat of force to have sexual contact with you against your will?
- Did you report the incidents to your command and/or military or civilian authorities?

Blast Concussions/Traumatic Brain Injury

- During your service, did you experience ...
 - heavy artillery fire, vehicular or aircraft accidents, explosions (improvised explosive devices, rocket-propelled grenades, land mines, grenades), or fragment or bullet wounds above the shoulders?
- Did you have any of these symptoms immediately afterwards ...
 - loss of consciousness or being knocked out, being dazed or seeing stars, not remembering the event, or diagnosis of concussion or head injury?

Common Military Health Risks:

Radiation Exposure/Nuclear Weapons (WWII, Amchitka, Alaska, Hiroshima, Nagasaki, POW in Japan, Korea, sub-marines exposed to nasopharyngeal radium treatment, Gulf Wars, Bosnia, Afghanistan): High risk for cancer.

Agent Orange Exposure (Korea & Vietnam): High risk for cancers (including respiratory and prostate cancer), chloracne, type 2 diabetes, ischemic heart disease, soft tissue sarcoma, peripheral neuropathy, spina bifida in veterans' biological children.

Camp Lejeune Water Contamination (January 1, 1957–December 31, 1987): Veterans and families stationed at Camp Lejeune exposed to chemical contaminants in the groundwater and wells are at risk for the following cancers (bladder, blood dyscrasia, breast, esophageal, kidney, leukemia, lung, multiple myeloma, myelodysplastic syndromes, non-Hodgkin's lymphoma) and conditions (female infertility, hepatic steatosis, miscarriage, renal toxicity, scleroderma).

Hepatitis C (Vietnam): Transfusions prior to 1992, battlefield exposures to blood and human fluids, group use of needles, razors, toothbrushes, and other personal items.

Exposure to Open Air Burn Pits (Vietnam, Iraq, Afghanistan): High risk for respiratory illnesses and wide variety of cancers, including leukemia.

Gulf War Syndrome (Gulf Wars): Characterized by fibromyalgia, chronic fatigue syndrome, headaches, gastrointestinal problems, cognitive impairment and pain, high rates of brain and testicular cancers, and neurodegenerative diseases (ALS, MS).

Depleted Uranium (Gulf Wars, Bosnia, Afghanistan): Inhaled or ingested microfine particles (heavy metal toxicity). Risk for respiratory and kidney diseases.

Infectious Diseases (Iraq & Afghanistan): Malaria, typhoid fever, viral hepatitis, leishmaniasis, TB, rabies resulting from animal bites.

FOR MORE INFORMATION:

www.HaveYouEverServed.com

Have You Ever Served in the Military?

Managed and designed by the American Academy of Nursing, *Have You Ever Served in the Military?* is an awareness campaign to improve veterans' health. The initiative is the Academy's commitment to First Lady Michelle Obama and Dr. Jill Biden's *Joining Forces* campaign. *Have You Ever Served in the Military?* will fundamentally change the manner in which nurses and other healthcare providers conduct health assessments of individuals who have served in the uniformed military.

Nurses—health care's equivalent to the boots on the ground—are uniquely positioned to facilitate this change and ensure that vital information is obtained and recorded to improve the health care provided to our veterans and their families.

To learn how you can be more involved, visit www.HaveYouEverServed.com.

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Department of Veterans Affairs

Veterans Crisis Line

1-800-273-8255 PRESS 1

v43-2014

FIGURE 1

A laminated pocket card for clinicians that is also given to all members of the ED staff.

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