

A QUALITY IMPROVEMENT PROJECT TO IMPROVE EDUCATION PROVIDED BY NURSES TO ED PATIENTS PRESCRIBED OPIOID ANALGESICS AT DISCHARGE

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Contribution to Emergency Nursing Practice

- The patient education process at discharge can be enhanced using a dual-modal, patient teach-back approach.
- Health care organizations should encourage emergency nurses to pursue continuing education on opioid safety.
- Emergency nurses can work with other healthcare professionals to ensure all patients prescribed an opioid analgesic at Emergency Department (ED) discharge receive opioid-specific, evidence-based education.

Abstract

Background: The opioid crisis continues to take an unprecedented number of lives and is the top cause of injury death in the United States. The emergency department is a setting where patients with pain seek care and may be prescribed an opioid, yet many patients do not receive evidence-based education about taking their opioid safely. Like many communities across the country, Allegheny County, Pennsylvania, has experienced an increased rate of opioid overdoses; from 2015–2016, the number of opioid-related overdose deaths in the county increased by 44%.

Methods: This quality improvement project is the implementation of a nurse-delivered, evidence-based education initiative for patients prescribed an opioid in an emergency department. Nurses were briefly trained on opioid safety and patient education, then over 12 weeks, delivered the dual-modal (verbal and written) education with a patient teach-back to verify comprehension.

Results: Nurses who completed the project training on opioid safety and patient education had a statistically significant improvement in their knowledge. Patient satisfaction surveys showed 100% of patients reported clear understanding of how to take their pain medication, and out of the patients receiving the opioid pain education for the first time, 88.2% learned something new about how to safely take, store, or dispose of their pain medication.

Implications for Practice: Improving the delivery of opioid prescription education at emergency department discharge will enhance patient knowledge and promote safety, which may help mitigate the opioid crisis by reducing the rate of opioid use disorder and accidental overdoses.

Keywords: opioid; opiate; patient education; discharge; counseling; teach-back

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Introduction

Deaths attributed to drug overdose have surpassed motor vehicle accidents as the leading cause of death from injuries in the United States.¹ The drug overdose epidemic is continuing to worsen as opioid-related deaths have increased 200% from 2000 to 2010 and continue to climb steeply.² This quality improvement project was completed in our emergency department in Allegheny County, Pennsylvania, where the number of fatal overdoses increased from 2015 to 2016, by 65%: from 424 to

650 deaths.³ This emergency department is a source of care for patients who are in pain and provides an opportunity to teach patients how to use opioid prescriptions safely.

Background

Improving the education provided to patients discharged with opioid prescriptions may help to mitigate some of the factors contributing to opioid-related deaths. An analysis of opioid discharge prescribing patterns in 27,000 visits in 19 emergency departments across the United States in October 2012 showed that 17% of ED patients were discharged home with opioid prescriptions.⁴ The potential for dangerous opioid use was clearly depicted by a nationwide study of 250,000 prescription opioid overdoses treated in emergency departments from 2006 to 2011, which showed about half of these poisonings were unintentional. A retrospective cohort study at an academic medical center demonstrated that opioid-naïve patients who received opioids at discharge were at increased risk for chronic opioid use 1 year after discharge, compared with patients who did not receive opioids at discharge (adjusted odds ratio [AOR] 4.90, 95% confidence interval [CI] 3.22–7.45).⁵ In another study of more than 1.2 million patients who were prescribed their first opioid, the risk of chronic use increased with each additional day of opioid taken after the third day.⁶ This underscores the importance of teaching patients not to take prescriptions if the opioids are not needed for pain. There are other important teaching points about taking opioids safely, even if patients are taking opioids for the first time and are discharged from the emergency department with a supply for 7 days or less.

Although prescription opioid safety education is essential, it is not happening consistently. In a study of 96 ED patients in a university hospital, the use of medication was only discussed at discharge by physicians 56% of the time.⁷ An observational study of ED opioid medication education of 41 patients showed the duration and frequency of the medication was not discussed (by any health care provider) about one third of the time, and the number of tablets issued was discussed less than half of the time.⁸ Nurses, as patient advocates and educators, are ideal candidates to help deliver vital drug safety information. For the 15th consecutive year, nurses were rated as the most trusted profession.⁹

Even if patients receive prescription opioid safety education verbally, they may have problems with recall or difficulty understanding the medication instructions once they get home. The 2014 Institute of Medicine Report on

health literacy stated that patients remember about half of the health education provided.¹⁰ Patient recall may be even lower in the ED setting.¹¹ The provision of structured content with written information, however, significantly enhanced recall (more than 2 items recalled on average, $P = 0.005$) and was easier to understand ($P < 0.001$).¹¹ A 2015 study showed the positive effect of written and spoken education with 274 ED patients discharged with opioids.¹² Follow-up calls showed the intervention group had 20% better knowledge of precautions (95%, CI 28.3–47) and better knowledge of side effects ($P < 0.0001$); feedback from participants showed that 88% appreciated receiving additional information about their opioids.

It is vital for patient education that instructions are written to promote health literacy. Because of low literacy levels, approximately 40 to 44 million Americans have difficulty finding information on medication labels because of its complexity.¹⁰ Many adults even have trouble understanding cold medication directions with unfamiliar content.¹³ In a recent small study of 36 patients discharged from the emergency department with prescriptions, almost half had difficulty understanding their prescriptions because of the lack of clarity provided by ED physicians and nurses.¹⁴ A prospective randomized study of 50 patients discharged from a community hospital emergency department showed that 31% had poor comprehension of their after-care instructions, such as prescription medications, yet there is evidence that comprehension is correlated with compliance with ED instructions.^{15,16} A health literacy format improved average comprehension scores of medication instructions for morphine sulfate by 7% ($P < 0.001$) compared with the standard FDA drug guides.¹⁷ It is essential to improve how opioid safety education is delivered using structured, simple, and plain language to promote comprehension and adherence.

Teach-Back Approach

Verification of comprehension of patient education at discharge is often overlooked.¹⁸ The teach-back approach is an evidence-based method of delivering teaching points and validating comprehension, recommended by the Agency for Healthcare Quality Research, National Quality Forum, The Joint Commission, and the Institute for Healthcare Improvement to improve provider to patient communication.^{19–22} The teach-back approach was evaluated for efficacy in an urban academic emergency setting. It was compared with the standard education method for 254 patients with low health literacy being discharged from the

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