

Study finds that opioids administered in the ER don't influence patient satisfaction

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A new study co-authored by investigators at the University of Massachusetts Medical School found that there is no correlation between opioids administered in the emergency room setting and Press Ganey ED patient satisfaction scores, one of the most commonly used metrics for measuring patient satisfaction. Based on these findings, the study's authors suggest that emergency room clinicians should administer pain medications in the emergency room setting according to clinical and patient factors without being concerned about negative Press Ganey ED patient satisfaction scores.

"Right now there is an epidemic of opioid related deaths and the FDA has identified prescribers as essential to the reduction of opioid misuse," said study author Kavita Babu, MD, associate professor of [emergency medicine](#) and director of the medical toxicology fellowship at the University of Massachusetts Medical School. "When we identify modifiable factors, things that we can change, in order to curb this epidemic, one of the issues that comes up frequently is responsible opioid prescribing."

Clinical encounters in the emergency department (ED) often involve treatment of painful conditions. However, treatment of pain and the administration of opioids in the ED can be challenging for physicians because of a lack of familiarity with the patient, time constraints and concerns about patient safety. Additionally, in some emergency medicine settings, compensation and metrics of care are linked to Press Ganey ED patient satisfaction scores which may be perceived to be

adversely influenced by the failure to administer opioids.

"In conferences and settings where we teach physicians about responsible opioid prescribing, one of the obstacles frequently mentioned is patient satisfaction, and the idea that physicians might be chastised or receive less compensation because their patient satisfaction scores are low," said Dr. Babu.

Seeking to quantify and validate the concerns of their colleagues, the study's authors looked at the link between opioids administered in the [emergency room](#) and patient satisfaction scores more rigorously. The researchers matched patient satisfaction responses to the corresponding de-identified electronic medical record data of 4,749 patients seen in the emergency room of two New England hospitals. Looking at patient survey responses, as well as medication orders, age, sex, race, health insurance status, time of arrival at ER, time of wait to see a physician, total length of stay, patient-reported pain levels and year and month of visit, the investigators performed a retrospective analysis of the data.

The study found that there was no association between how much opioid pain medication was administered in the emergency room and patient satisfaction scores. Other factors such as wait time and physician and nurse communication play a far greater role in [patient satisfaction](#), according to Babu.

"Based on these findings the administration of opioids in the emergency department setting does not make patients more satisfied," said Babu.

"This suggests that emergency physicians should act in the best interest of the patient when deciding whether to prescribe or administer [opioids](#)."

Details of the study were published in the *Annals of Emergency Medicine*.

Provided by University of Massachusetts Medical School

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