

Study examines opioid prescribing and practices in Ohio emergency departments

August 1 2017



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A survey led by a team of researchers at the University of Cincinnati Academic Health Center reports that the majority of Ohio's emergency department (ED) administrators and physicians are in support of the

most recent state guidelines for prescribing opioids, but challenges still exist in implementation.

"This is a comprehensive look at how ED administrators perceive the role of state guidelines," says principal investigator Neil MacKinnon, PhD, dean of UC's James L. Winkle College of Pharmacy, noting that the survey results will be presented to the International Pharmaceutical Federation (FIP) in September 2017.

In the survey, the UC research team queried 163 Ohio hospital administrators and ED physicians to determine the extent and level of adoption of the 2014 Ohio Emergency and Acute Care Facility Opioids and Other Controlled Substances (OOCS) prescribing guidelines and to garner feedback and recommendations for improvements that would assist with implementation.

"In response to the growing [opioid](#) epidemic in Ohio, we have one of the nation's most aggressive and comprehensive approaches to address opioid addiction and overdose deaths, including a strong focus on preventing the non-medical use of prescription drugs, which led to the OOCS guidelines," says MacKinnon.

According to the report, responses from 150 hospitals were obtained (a 92 percent response rate), and of those respondents 112 either had an OOCS prescribing policy, were adopting one or were already implementing guidelines without a specific policy. Per the report, the [OOCS guidelines](#) are designed to urge emergency department prescribers to first consider non-opioid therapies, avoid using opioids for chronic pain, and to encourage prescribers to check Ohio's prescription drug monitoring program, the Ohio Automated Rx Reporting System (OARRS), for prior opioid prescriptions.

Survey participants, however, did identify barriers to guideline

adherence such as frustrations in navigating the OARRS software fields and the complex relationship between how the refusal of pain medications reflects in patient satisfaction scores, which impacts both the hospital and physician performance ratings.

"Clearly a coordinated, system-level response is required and there is much work left to do," says co-investigator Michael Lyons, MD, associate professor of emergency medicine at the UC College of Medicine.

While there is evidence that rates of opioid prescribing are decreasing, Lyons says the survey also shows that not all hospitals are engaged to the same degree.

The [survey](#) was commissioned and funded by the Ohio Department of Health and is [available online](#). A complete list of the team members is contained in the report.

Provided by University of Cincinnati Academic Health Center

Citation: Study examines opioid prescribing and practices in Ohio emergency departments (2017, August 1) retrieved 19 April 2024 from <https://medicalxpress.com/news/2017-08-opioid-ohio-emergency-departments.html>

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