

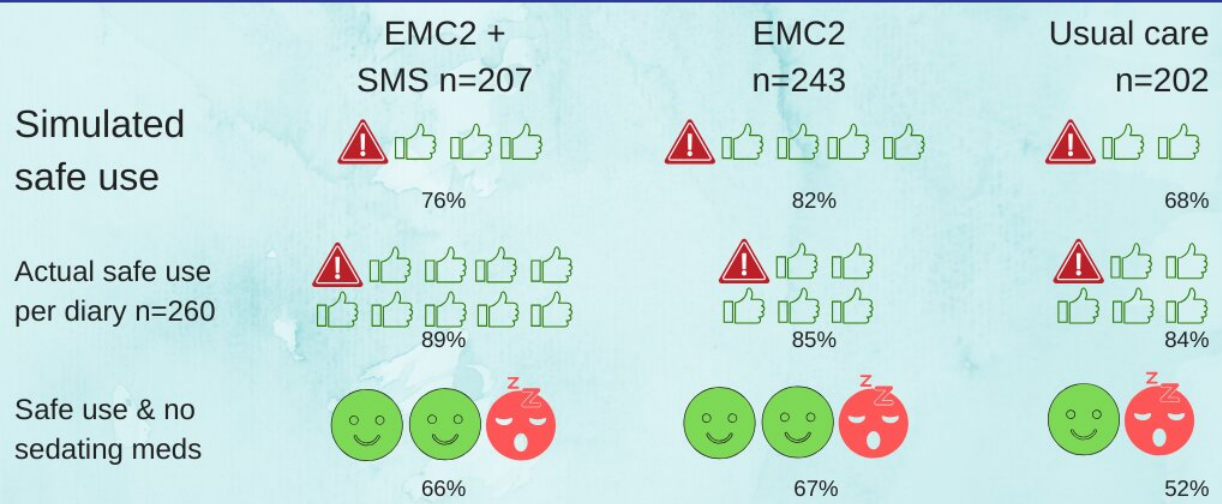
# Study: EMC2 tools improved safe dosing of opioids but had no influence on actual use

December 11 2019

## Multifaceted opioid safety intervention (ED EMC2)

Patients >17y discharged with new self-administered hydromorphone-acetaminophen tablets  
 Excl: non-English-speaking, clinically unstable, psychologically impaired/intoxicated, chronic opioid use, unable to follow-up, pregnant

- EMC2 intervention
1. Provider alert for EP to counsel
  2. Inbox message to primary care provider
  3. Request to dispensing pharmacist to counsel
  4. Plain language MedSheet to patient
  5. Take-Wait-Stop prescription labelling



McCarthy 2019 doi 10.1111/acem.13860



Patients older than 17 years old discharged with new, self-administered hydromorphone-acetaminophen tablets. Excluded: non-English speaking, clinically unstable, psychologically impaired/intoxicated, chronic opioid use, unable to follow-up, pregnant. EMC2 intervention: 1) Provider alert for EP to counsel; 2) Inbox message to primary care provider; 3) Request to dispensing pharmacist to counsel; 4) Plain language MedSheet to patient; 5) Take-wait-stop

prescription labeling. Credit: Kirsty Challen, Lancashire Teaching Hospitals, United Kingdom

A study to evaluate the effect of an Electronic Medication Complete Communication (EMCC) Opioid Strategy on patients' safe use of and knowledge about opioids found that the EMCC tools improved demonstrated safe dosing, but these benefits did not translate into actual use based on medication dairies. The study findings are published in the December 2019 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Danielle M. McCarthy MD, MS, vice chair for research in the department of emergency [medicine](#) and associate professor of emergency medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL.

The investigators implemented the best practices effort of "take, stop, wait" prescribing language, together with the added boost of text messaging, to educate patients on how to reduce overuse of opioids. Intervention improved demonstrated safe dosing of opioids, and the text-messaging [intervention](#) resulted in improved patient knowledge, however there was no influence of the intervention on actual safe medication use among the portion of the sample returning medication dairies.

The findings support the notion that possessing knowledge about medication risks is likely necessary but not sufficient to ensure safe use, as [medication](#)-taking behaviors are often influenced by complex factors (e.g. health literacy, self-efficacy, and attitudes) in addition to knowledge.

The authors suggest that future emergency department interventions may

opt to focus on post-discharge communication as the greatest increases in knowledge in this sample were among patients receiving the text-messaging portion of the intervention.

Jason Haukoos, MD, professor of emergency medicine and director of emergency medicine research at the University of Colorado School of Medicine Anschutz Medical Campus, commented:

"The work performed by this investigative team as part of the ED EMC2 pragmatic clinical trial advances our thinking about best practices of opioid prescribing from the emergency department. Critical to combating the [opioid](#) epidemic, integration of an electronic multi-faceted intervention aimed at physicians, pharmacists, and patients, as studied in this trial, may improve the [safe use](#) of opioids. Although challenged by the single centered approach, the results are compelling and should now be extended as part of a larger, multi-centered initiative."

**More information:** Danielle M. McCarthy et al, A Multifaceted Intervention to Improve Patient Knowledge and Safe Use of Opioids: Results of the ED EMC 2 Randomized Controlled Trial, *Academic Emergency Medicine* (2019). [DOI: 10.1111/acem.13860](https://doi.org/10.1111/acem.13860)

Provided by Society for Academic Emergency Medicine

Citation: Study: EMC2 tools improved safe dosing of opioids but had no influence on actual use (2019, December 11) retrieved 26 April 2024 from <https://medicalxpress.com/news/2019-12-emc2-tools-safe-dosing-opioids.html>

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