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Correctional Nurses: Adult Opioid Dependence Referral Process

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CORRECTIONAL NURSES: ADULT OPIOID DEPENDENCE REFERRAL
PROCESS

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Nursing Practice

Nova Southeastern University
Health Professions Division
College of Nursing

Christine Edmund, MSN, RN
2016

**NOVA SOUTHEASTERN
UNIVERSITY
HEALTH PROFESSIONS
DIVISION COLLEGE OF
NURSING**

This project, written by Christine Edmund, MSN, RN, under the direction of Dr. E. Rigaud, Project Chair, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF NURSING PRACTICE

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Abstract

Background: Correctional nurses make up a large part of the corrections workforce and have increasing responsibility for making decisions about patient care in the opioid dependent incarcerated patients. The National Commission on Correctional Health Care (NCCHC) has intoxication and withdrawal standards that advocate individuals entering a correctional facility under the influence or undergoing withdrawal from opioids have their therapy continued, or a plan for appropriate referral for treatment. The NCCHC standard that incarcerated opioid dependent inmates have their therapy continued or a plan for appropriate referral for treatment is not adhered to consistently, as the current process lacks organization.

Purpose: The purpose of this quality improvement project was to develop an adult opioid dependence referral for treatment tool for opioid use dependent patients to be utilized by correctional nurses and providers working in the corrections intake medical facility with posttest evaluation.

Theoretical Framework: Peplau's nurse-patient relationship theory was used.

Methods: A descriptive, exploratory design was utilized.

Results: A majority of the nurses acknowledged the usefulness of the Nursing Opioid Referral for Treatment Algorithm (NORTA) in facilitating the adult opioid dependence referral process. In addition, of the 20 nurses surveyed, 18 nurses agreed that the NORTA tool was relevant to the adult opioid dependence referral process. Most claimed that the NORTA facilitated the opioid dependence referral process.

Conclusion: The pain management algorithm is an effective referral method for opioid users as it contributes to patient safety through safe prescription and careful assessment

of patient risk regarding opioid use. The findings from this project may impact nursing practice by identification of a new organized approach to enhance the current opioid dependence referral process.

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Chapter 1: Nature of Project and Problem Identification

This project addressed the DNP Essential VII of clinical prevention and population health for improving the nation's health. This Essential focuses on clinical prevention and population health in order to improve healthcare (American Association of Colleges of Nursing [AACN], 2006). Each year, 10 million persons circulate through the 3,300 jails in the United States, which are run by county or local governments and are obligated by law to provide health care to the individuals in their custody (Butler, 2014). Incarcerated individuals generally have considerably greater rates of opioid use and misuse than the overall populace.

Correctional nurses comprise a large part of the correctional nursing workforce and have increasing responsibility for making decisions about patient care in opioid dependent incarcerated patients. The National Commission on Correctional Health Care (NCCHC) has published intoxication and withdrawal standards that advocate individuals entering a correctional facility under the influence or undergoing withdrawal from opioids have their therapy continued, or a plan made for appropriate referral for treatment (NCCHC, 2014). Resources for correctional nurses should focus on assessment and referral for treatment of the newly admitted opioid dependent incarcerated patient. The management of opioid dependent inmates is a multifaceted problem that requires early recognition and an organized approach in referral for care.

Problem Statement

The NCCHC (2014) standard that incarcerated opioid dependent inmates have their therapy continued or a plan for appropriate referral for treatment is not adhered to consistently, as the current process lacks organization.

Purpose Statement

The purpose of this quality improvement project was to incorporate the NCCHC standardized referral process for opioid dependent inmates assessed by correctional nurses and providers with use of an algorithm for referral appropriateness and treatment continuity into the existing correctional department intake process. In addition, the project sought to evaluate the appropriateness of the algorithm for nurses and practitioners by conducting an Opioid Nurse Management Survey 2 weeks post implementation.

Project Objectives

The following were the objectives for this project:

Objective One: To obtain institutional support and Nova Southeastern University (NSU) Institutional Review Board (IRB) approval for the project.

The first objective entailed obtaining approval from the NSU IRB.

Objective Two: To develop the algorithm.

This objective involved establishing a collaborative partnership with the Correctional Department Security staff and Correctional Health Services to integrate the NCCHC standardized referral process to be developed into a treatment algorithm for nurses and practitioners assessing preincarcerated opioid dependent persons within 2 hours of correctional intake process.

Objective Three: To provide informational sessions to the staff.

This objective involved networking with the Correctional Department Security staff and Correctional Health Services nurses and practitioners to provide three to four information sessions on the opioid dependency referral algorithm as it relates to adherence of NCCHC standard.

Objective Four: To implement the evaluation process.

This objective entailed evaluating nurses and practitioners' referral appropriateness for incarcerated opioid dependency and treatment post algorithm implementation by conducting of the Opioid Nurse Management Survey (OMNS) at 2 weeks. The ONMS contained 6-item Likert scale questions that address nurses' and practitioners' algorithm referral appropriateness.

Theoretical Foundation: Peplau's Framework

Peplau's (1988) nurse-patient relationship theory has been utilized extensively in individuals with severe mental illness, several of them in psychiatric infirmaries (D'Antonio, Beeber, Sills, & Naegle, 2014). A vast amount of individuals with opioid use or misuse problems are incarcerated in the criminal justice system and contained in correctional facilities (Vourakis, 2012). The function of the correctional nurse emulates that of a psychiatric nurse, making Peplau's theory suitable for this practice project. The idea of identifying and meeting patients' needs has long informed the discipline of nursing. This interpersonal collaboration amazingly resonates with the current reform-driven shift toward disease self-management and individuals taking responsibility for their own health. In Peplau's formulation, the collaboration does more: It links a movement towards greater independence, collaborative participation, and authentic control over health decisions into a larger domain of citizenship and democracy.

In nursing practice, correctional nurses employ approaches such as collaborative participation, active listening, connecting with the patient, and observing the patient as whole by encouraging independence. These approaches advocate and support the integration of Peplau's (1988) nurse-patient relationship theory into the implementation of the NORTA tool.

Application of Theory

In the clinical practice problem, Peplau's (1988) conceptual framework and theory of the nurse-patient relationship was applied to implement the Nursing Opioid Referral for Treatment Algorithm (NORTA). This framework recommends three phases of the nurse-patient relationship: orientation, working, and the resolution phase (McEwin, & Wills, 2011). In the orientation phase, nurse managers and correctional nurses were educated on the NORTA tool. The orientation phase of the nurse-patient relationship continued during the first nurse-patient encounter. The patient's needs were evaluated during this encounter. The patient and the nurse worked together as a team.

Once the initial assessment was completed, the working phase began. During the working phase, the patient problem was identified. The nurse organized the focus of care with the on-call provider utilizing NORTA for newly incarcerated patients who were receiving treatment in the community at least 2 weeks prior to incarceration.

NORTA contains information regarding verification of opiate use history, current drug habit status, and gender of the patient. The pregnancy status of female patients of childbearing age was determined via urine screening. The correctional

nurse then refers the patient for treatment within 24 hours of admission into the facility. In this phase, correctional nurses acted as resource persons who initiated the opioid dependence referral process utilizing the NORTA.

In the resolution phase, the patient is constantly moving from being dependent to being independent through treatment compliance (Peplau, 1988). The completion of this phase resulted in the shared cessation of the nurse-patient relationship. The phase entailed preparing for ways of ensuring the patient's treatment maintenance and compliance upon return to the community.

Significance to Practice and Health Care Outcomes

This project may support opioid dependent patients in the correctional settings by endorsing the opioid dependence referral within 24 hours of admission into the correctional facility. The NORTA is a user-friendly, easily administered assessment tool. Opioid use screenings are consistently listed as cost-effective health care practices.

Nursing Practice

The findings from this project may impact nursing practice by identifying a new organized approach to enhance the current opioid dependence referral process. The correctional nurse will be able to utilize the NORTA tool, engaging in a brief intervention by providing feedback to the opioid dependent patient about the treatment referral process. The NORTA tool will guide the correctional nurse and provider in referring the adult opioid dependent individual for further evaluation and treatment. NORTA is especially appropriate for use by correctional nurses and providers in correctional settings. This type of tool can aid providers in improving differential

diagnoses, influencing clinical management, and guiding the treatment of individuals who are opioid dependent.

Health Care Outcomes

The findings from this project may impact health care outcomes by improving appropriateness in the opioid dependence referral process, consequently avoiding the negative sequelae associated with opioid dependence. The National Commission on Correctional Health Care (NCCHC, 2014) standard on intoxication and withdrawal proposes inmates entering a correctional facility who are opiate dependent have their therapy continued or a plan for appropriate referral for treatment.

Opiate dependence can have a harmful effect on many common medical conditions, such as asthma, diabetes, hypertension, and numerous others.

Implementing the NORTA tool in the correctional medical intake area allows correctional nurses and providers to play a vital role in decreasing the costly medical sequelae associated with substance dependent in incarcerated individuals.

Health Care Delivery

The findings from this project may impact health care delivery by changing current practice to an organized approach that mandates that opioid dependence must be assessed and appropriately referred for treatment, which as well meets the NCCHC standards. The components of the NORTA tool and recommendation to refer for treatment encompass essential exchanges of data between the correctional nurses and providers. Additionally, the NORTA tool promotes performance improvement in the

correctional health care settings, as it reduces risk and contributes to better patient management.

Health Care Policy

Initially, the findings from this project may impact health care policy on an organizational level. This project may impact health care policy within the organization as it seeks to address harm and cost reduction in the delivery of health care to the incarcerated opioid dependent patient. While jails serve as a significant safety net provider for high need-high risk individuals, they are seldom acknowledged as such. As a result, they are generally omitted from discussions on health care transformation on a national level, including decisions that have substantial consequences for both health care quality and costs.

Substance misuse and abuse result in negative health consequences and extensive health care costs that local governments struggle to contain. Increased illness and mortality associated with substance use places NORTA as significant and important among available correctional nursing tools. Designers of correctional health care provision models and guidelines, both locally and nationally, must respond to the needs of the incarcerated patients. The implementation of NORTA within institutional policy benefits the correctional health care organization financially, the clinical bottom line costs, and, most importantly, patients' health care outcomes. Correctional nurses and providers are uniquely poised to implement the practice of utilizing the algorithm as part of their initial medical intake screening process in adult opioid dependent patients.

Summary

There is an ongoing challenge in correctional health care to offer clinically appropriate health care to incarcerated individuals. In addition, offering quality and safe health care to the incarcerated and proactively offering health education that is significant to correctional nurses can improve the health of incarcerated patients. Appropriate patient health care and nurses' health education ultimately can reduce the costly physical medical sequelae associated with opiate dependent incarcerated individuals. NORTA application is one step in the right direction and is aimed at meeting the referral for treatment needs of the incarcerated population nurses serve.

Chapter 2: Review of the Literature

The incidence of drug use and abuse among the general population in the United States continues on an upsurge (Rich, Wakeman, & Dickman, 2011). Assessment for substance use and dependence as well as the referral for treatment should be an essential component of the medical screening assessment performed during incarceration. Timely intervention and recommendations for management preceding the progression of serious morbidity is critical in deterring negative patient outcomes that are associated with lack of referral for treatment.

When treating incarcerated patients who have a known addiction or have drug-seeking behaviors, correctional nurses and nurse practitioners may face pragmatic, ethical, and legal issues. At times, differentiating between true addiction, physical dependence, and pseudoaddiction can be perplexing, yet equal pressure exists for the correctional health care staff to continuously address the health care needs of the patient. The majority of correctional nurses and nurse practitioners do not have training in pain medicine or addiction to effectively assess and refer these complex patients for treatment.

Search of the Literature

The electronic databases utilized for this search were the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, and PubMed. The inclusion criteria were as follows: English language, research published since 2012,

and research regarding adults. The main keywords that were used during the search included *correctional nurses, trained, and opioid dependent*. Groupings of these terms using the Boolean operator *AND* were conducted in the CINAHL, Medline, and PubMed databases. The initial search yielded 502 results; most articles were irrelevant to the goal of this capstone project and were not selected for review.

There is a scarcity of literature about opioid referral treatment tools, considering the wealth of tools available to nurses. A total of six articles were selected for the review. Two diverse categories were apparent, which will be discussed. These are (a) opioid detoxification in corrections, and (b) practice issues.

Opioid Detoxification in Corrections

According to NCCHC (2014), detoxification does not treat the underlying disease of addiction. All inmates with opioid dependence should be referred for substance abuse treatment. Depending on expected time of confinement, the inmate should be referred for treatment or referred upon release to comprehensive treatment programs that offer both behavioral and pharmacological treatment. Engagement in community treatment that is not timely often triggers relapse with a high risk of overdose and death.

Three articles addressed challenges faced by nurses working with mental health patients, many of whom were polysubstance drug users. Mengal and Loyola (2014) conducted a descriptive, exploratory, social study using a qualitative approach. Participants included nursing technicians and nurses. The nursing staff acknowledged challenges in dealing with aggressive, depressed polysubstance drug users. The professionals' staff discourse indicated the necessity for the development

of professional tools specific to correctional health care providers and polysubstance abusers. Mengal and Loyola (2014) noted that the recognition of the importance of resources available to correctional nurses and advanced practice nurses (APNs) within the correctional health organization is an important step in the search for changes and improvement in the quality of service delivered to the polysubstance dependent patient.

Opioid dependence is a demoralizing illness to individuals and families and the health and wellbeing of the general public. Opioids cause more than half of the deaths resulting from unintended drug poisoning in the United States (Rich et al., 2011). An opioid use and dependency study found increased emergency room visits and hospitalizations common among opioid dependent users (Brown, Gassman, Hetzel, & Berger, 2013). Substance use disorders which include opiate dependence are linked to criminal behavior and are a significant burden on the criminal justice system (Brown et al., 2013).

Numerous acquisitive crimes are committed by individuals supporting drug use, and the frequency of drug use correlates with the frequency of criminal behavior. Criminal justice involvement constitutes a critical contact point to involve a vulnerable population in effective referral for treatment and prevention services (Brown et al., 2013). This research tested models to expand care and treatment access for the opioid dependent offender. Brown et al. (2013) provided data supporting the effectiveness, in terms of treatment referral, and treatment retention of opioid substitution through outpatient care settings for an offender sample.

The increase in the quantity of opioid prescriptions in the past several years has led to a similar rise in opioid misuse and abuse (Butler, Zacharoff, Charity, Lawler, & Jamison, 2014). Jail officials can work with community providers and public health departments to ensure that more inmates with opiate dependence problems are identified by jail-based screening. These inmates can then be provided with referrals and other local resources necessary to increase access to follow-up care upon release.

Practice Issues

Foster, Bell, and Jayasinghe (2013) reported results from a qualitative research project utilizing interviews, focus groups, and participant observations to examine nursing practice in a nurse-led prison. This Level I (Foster et al., 2013) study examined concerns related to caring and controlling of inmates from the viewpoints of correctional health care professionals (Foster et al., 2013). The key finding revealed a balance between medical needs and security risks. The authors recommended that professionals work collaboratively in correctional health care settings, which directly impacts the delivery of health care in these settings.

A reflective Level I study by Andrade, Alfonso, and Meire (2012) was carried out through the analysis of scientific papers, laws, and official documents. The authors advocated access to health care as a fundamental right of incarcerated patients. The researchers further reported that correctional nurses should focus their actions on the individuals' health needs, considering the ethical and legal aspects of the profession as well as the characteristics inherent to jails. A recommendation from

this study was to offer tools and the necessary resources specifically for correctional nurses and practitioners within the jail system context (Andrade et al., 2012).

The scope of practice for the APN in correctional settings, the researcher believes, should be the same as the community standard. The development of evidence-based practices in the correctional setting would enhance the role of the correctional health care provider. The results of the literature review can be correlated to the creation of a nursing opioid referral treatment algorithm utilized by correctional nurses and providers in the intake medical screening process. Creation of this algorithm can increase the probability of incarcerated patients being appropriately referred for treatment and improve care for the adult opioid dependent patients.

Horton (2011) addressed the use of drugs, specifically heroin, by women. Women's rates of incarceration in the nation have dramatically increased. However, detention facilities have not kept pace with the growing number of women in prison and the need for referral for treatment and recovery for this population. In addition, Horton's study focused on a programmatic effort to offer services to this most vulnerable population and identified a need for more effective evidence-based treatment and referral services at the state level for inmates during the intake process (Horton, 2011).

Summary

The incidence of substance abuse dependence disorders among incarcerated individuals continues to increase. In addition, many incarcerated patients have multiple diagnoses of substance abuse, mental health disorders, and numerous

chronic illnesses. The development of resources and tools specific to substance use and abuse and addiction medicine for correctional nurses and APNs is obligatory. It should be noted that the recognition of the importance of appropriate resources within correctional health organizations is an important step in the search for change and improvement in the quality of service delivered to opioid dependent incarcerated patients.

The literature reviews led to a number of recommendations in both research and correctional health care practice. Further investigation and research are needed to inform, support, and underpin successful and effective referral and treatment delivery to opioid dependent incarcerated patients. Nursing assessment and referral for treatment tools must be developed appropriately for this patient group and their needs while supporting the effective delivery of correctional health care.

Chapter 3: Methods

This descriptive quality improvement project provided an organized approach to enhance the current opioid dependence referral process as recommended by the National Commission on Correctional Health Care. Opioid maintenance treatment is an effective treatment for opioid dependence. Benefits include retention in treatment, reductions in heroin use and risk behaviors, and improvements in health, social and criminal justice outcomes.

Positive outcomes are enhanced by adequate dosages, treatment referrals, continuity, and accompanying psychosocial services. Benefits of opioid maintenance treatment for the incarcerated are similar to those in community settings. Development of a jail-based NORTA presented an opportunity to recruit problem opioid users into treatment and potentially minimize risks of overdose on release.

Project Design

This was a descriptive, exploratory project with a quantitative approach. This framework assisted the author to structure the collection of data, analysis, and the interpretation of data. The quantitative research design was used to conduct the survey. According to Polit and Beck (2017), a quantitative research design is appropriate to establish the relationships between the measured variables. A quantitative design allowed the author to identify a sample and make inferences based on the sample. The design was appropriate for this project because the analysis to be conducted involved statistical analysis.

Setting and Criteria

The setting was a county correctional facility, Correctional Health Services. The facility had an average of 99 nurses and 8 nurse practitioners. The facility's opioid dependency was approximately 17% of the intake population.

Inclusion Criteria

Participants were adult Correctional Health Services full-time employee nurses and practitioners. They had at least 6 months of experience in the facility's intake medical area. The nurses were recruited for the ONMS. A total of 20 nurses and practitioners participated.

Exclusion Criteria

Excluded were Correctional Health Services agency per diem, part-time, or nurses and practitioners with less than 6 months experience. Nurses who had not worked in the Corrections intake medical area were also excluded. These professionals were not recruited for ONMS participation.

Data Analysis

The data collected from the survey were entered in Microsoft Excel to remove inconsistencies. The data were then transferred to SPSS for coding, and the SPSS software was used for data analysis. Descriptive statistics were used for data analysis, and the results are presented in frequency tables.

Ethical Considerations

After approval of this project by the Nova Southeastern University IRB (Appendix A), Correctional Health Services supplied a letter of support for data collection (Appendix B). All participants were provided with a clear description of

the project, how they met the study criteria, requirements for participation, and potential hazards (Appendix C). Participation was voluntary, and prospective participants could voluntarily decide whether to take part in the project without risk of prejudicial treatment. Correctional nurses and AP's participating in the project could ask questions, refuse to provide information, and withdraw from the participation in the study at any time (Appendix C). Confidentiality was assured, as participants' answers were private and identifying data such as names, email addresses, or IP addresses were not collected.

Objectives/Project Phases

Objective One: To obtain institutional support and Nova IRB approval for the project.

Obtain approval from NSU IRB (Appendix A).

Objective Two: To develop the algorithm (Appendix D).

Establish a collaborative partnership with the Correctional Department Security staff and Correctional Health Services to integrate the NCCHC standardized referral process that was developed into a treatment algorithm for nurses and practitioners assessing preincarcerated opioid dependent persons within 2 hours of correctional intake process.

Objective Three: To provide informational sessions to the staff.

Network with the Correctional Department Security staff and Correctional Health Services nurses and practitioners to provide three to four information sessions on the opioid dependency referral algorithm as it relates to adherence of NCCHC standard.

Objective Four: To implement the evaluation process.

Evaluate nurses' and practitioners' referral appropriateness for incarcerated opioid dependency and treatment post algorithm implementation by conducting an OMNS at 2 weeks. The ONMS (Appendix E) contained six Likert scale questions that address nurses' and practitioners' algorithm referral appropriateness.

Budget

Operating expenses in the implementation of this capstone project were essentially inexpensive and budget neutral. Since the county actively encourages and supports the use of DNP students, the lectures, and the development of the NORTA were provided at no cost to the DNP student. Table 1 displays the budget for the capstone project.

Table 1

Budget for Capstone Project

Activity	Description of Work	Cost
Editing, 3 hours	Editing, proofreading	\$200.00
Printing	Copies of proposal	\$100.00
Total		\$300.00

Outcome Measures

The outcome of this project was evaluated using the measures listed below:

Objective One: To obtain approval from NSU IRB. This objective was met by obtaining of approval from the Nova Southeastern University (NSU) Institutional Review Board (Appendix A).

Objective Two: To develop the algorithm.

This objective was met by establishment of a collaborative partnership with the Correctional Department Security staff and Correctional Health Services to integrate the NCCHC standardized referral process that will be developed into a treatment algorithm for nurses and practitioners assessing incarcerated opioid dependent persons within 2 hours of correctional intake process. This objective was measured by Correctional Department Security and Correctional Health Services staff willingness to allow the implementation of the NORTA to be utilized by correctional nurses and providers in the intake medical screening process.

Objective Three: To provide informational sessions to the staff.

This objective was met by provision of information sessions on the opioid dependency referral algorithm as it relates to adherence of the NCCHC standard to Corrections Department Security staff and Corrections Health Services nurses and providers working in the intake screening facility (Appendix F). This objective was measured by the willingness of Corrections Department Security staff and Correctional Health Services staff to provide dates and time frames for the information sessions, in addition to scheduling of staff to attend the sessions.

Objective Four: To implement the evaluation process.

This objective was met by evaluation of correctional nurses and practitioners' referral appropriateness for opioid dependency and treatment in the incarcerated opioid dependent adult post algorithm implementation. The researcher conducted the NORTA survey at 2 weeks. This objective was measured with descriptive statistics by posttest appraisal. A Likert scale was utilized to evaluate the responses.

Summary

Opioid maintenance treatment is an effective treatment for opioid dependence. Benefits include retention in treatment, reductions in opioid use and risk behaviors, and improvements in health care outcomes. Positive outcomes are enhanced by treatment referrals and continuity of care. Referrals for treatment in the opioid use dependent incarcerated persons can provide continuity of treatment. Failure to implement effective opioid referrals for treatment for the incarcerated patients represents an important missed opportunity to engage high-risk drug users in treatment and may incur substantial costs both to individuals and the health of the community in the future.

Chapter 4: Results and Discussion

The purpose of this quality improvement project was to develop an adult opioid dependence referral for treatment tool for opioid use dependent patients to be utilized by correctional nurses and providers working in the corrections intake medical facility with posttest evaluation. Descriptive statistics were used to assess the objectives of the study. The frequency distribution tables were used to explain the appropriateness of each question in the Opioid Nurse Management Survey. The chapter also includes the reliability test for the survey questionnaire used.

Reliability Test

Reliability is a factor to consider when researchers deal with psychological tests that measure a behavior or an attribute. Used to measure the consistency and stability of a data collection tool, reliability measures the appropriateness of items in an instrument in effective measuring of characteristics in a study (Drost, 2011). A common tool for measuring the internal consistency of an instrument is the Cronbach's alpha, which measures how well items in an instrument relate together.

The Cronbach's alpha measures items in a scale; a higher value of Cronbach's alpha illustrates the suitability of the survey instrument (Drost, 2011). Table 2 illustrates the results of Cronbach's alpha for the Opioid Nurse Management Survey. It is evident that the value of the Cronbach's alpha is 0.719, in which six items were used to estimate the internal consistency. The value of Cronbach's alpha approached 1.0, which indicates

that the ONMS instrument effectively measured the opinions of the nurses towards the effectiveness of NORTA in the adult opioid dependence referral process.

Table 2

Reliability Test

Cronbach's Alpha	Number of Items
0.719	6

Descriptive Statistics

Descriptive statistics were used to investigate the appropriateness of correctional nurses' and practitioners' referral for opioid dependency and treatment of the incarcerated opioid dependence adult post algorithm implementation. The study investigated whether the NORTA was helpful in the adult opioid dependence referral process. Table 3 indicates the findings. The results show that a majority agreed (65.0%) and strongly agreed (25.0%) with the statement that NORTA was helpful in the adult opioid dependence referral process. These results represent 90% cumulative percentage of all the nurse participants. On the other hand, one of the respondents strongly disagreed (5.0%) with the statement, and one (5.0%) was neutral about the statement. One of the participants did not respond to the question.

Table 3

Nursing Opioid Referral for Treatment Algorithm

Nursing Opioid Referral for Treatment Algorithm	Frequency	Percentage
Strongly Disagree	1	5.0
Neutral	1	5.0
Agree	13	65.0
Strongly Agree	5	25.0
Total	20	100.0

This study investigated whether the information in the NORTA tool was relevant to the adult opioid dependence referral process. The findings are illustrated in Table 4. It is evident that more than two-thirds of the participants agreed and strongly agreed with the statement that the NORTA tool was relevant to the adult opioid dependence referral process, each at 45.0% respectively. One participant disagreed (5.0%) and one strongly disagreed (5.0%) with the statement.

Table 4

Relevance of Information in the NORTA Tool

Relevance of Information in the NORTA Tool	Frequency	Percentage
Strongly Disagree	1	5.0
Disagree	1	5.0
Agree	9	45.0
Strongly Agree	9	45.0
Total	20	100.0

The study evaluated whether the NORTA tool was useful for correctional nurses and providers working in the intake medical area. Table 5 illustrates the results. The findings indicate that most of the participants (80%) agreed (35.0%) and strongly agreed (45.0%) with the statement that the NORTA tool was useful for correctional nurses and providers working in the intake medical area. Two of the participants disagreed (10.0%) with the statement, and two (10.0%) were neutral about the statement.

Table 5

Usefulness of the NORTA Tool to Correctional Nurses and Providers

Usefulness of the NORTA Tool to Correctional Nurses	Frequency	Percentage
Disagree	2	10.0
Neutral	2	10.0
Agree	7	35.0
Strongly Agree	9	45.0
Total	20	100.0

The study explored whether the information provided to the participants in the NORTA tool was clear and easy to follow. The results are illustrated in Table 6 below. The findings indicate that the majority of the participants agreed (52.6%) and strongly agreed (47.4%) that the information provided to the patients in the NORTA tool was clear and easy to follow. However, two of the participants did not respond to the question.

Table 6

Easiness and Clarity of Information Provided in the NORTA Tool

Easiness and Clarity of Information in NORTA Tool	Frequency ^a	Percentage
Agree	10	52.6
Strongly Agree	8	47.4
Total	18	100.0

^aTwo participants did not respond.

The participants in the survey were asked to indicate whether the opioid-dependent patients were referred for treatment within 24 hours of being admitted to the facility. The findings are illustrated in Table 7 below. It is evident that more than two-thirds agreed (40.0%) and strongly agreed (45.0%) that the opioid dependent patients were referred for treatment within 24 hours of being admitted to the facility. In addition, one (5.0%) of the respondents disagreed with the statement, and two (10.0%) were neutral about the statement.

Table 7

Treatment of Opioid Dependent Patients Within 24 Hours

Treatment of Opioid Dependent Patients Within 24 Hours	Frequency	Percentage
Disagree	1	5.0
Neutral	2	10.0
Agree	8	40.0
Strongly Agree	9	45.0
Total	20	100.0

The study investigated whether the Nursing Opioid Referral for Treatment Algorithm facilitated the opioid dependence referral process. The findings are indicated in the Table 8 below. The results show that most of the participants (94.8%) agreed (31.6%) and strongly agreed (63.2%) that the Nursing Opioid Referral for Treatment Algorithm facilitated the opioid dependence referral process. However, one of the respondents (5.3%) was neutral about the statement.

Table 8

*Effectiveness of Nursing Opioid Referral for Treatment Algorithm for Opioid**Dependence Referral Process*

Nursing Opioid Referral for Treatment Algorithm	Frequency	Percentage
Neutral	1	5.3
Agree	6	31.6
Strongly Agree	12	63.2
Total	20	100.0

Discussion of Findings

Most of the practitioners supported the helpfulness of the Nursing Opioid Referral for Treatment Algorithm in the opioid dependence referral process. According to Hudspeth (2016), health care providers who deal with drug and substance use offers guide assessment, interventions, and safe opioid prescribing. Providers of substance use care maintain great responsibility by ensuring that patients make use of opioids in the safest manner possible.

Practitioners use four phases of addressing pain management and opioid substance use. The first phase involves examining the patient's pain-related history and physical examination. The second phase entails the decision to treat the patient with opioids. The third phase includes the initial subscription and dosage changes, and phase fourth entails ongoing treatment and evaluations (Hudspeth, 2016). The evaluation phase entails monitoring of patients by the practitioners to ensure they adhere to

prescriptions. The practitioners evaluate the effectiveness of the treatment plan by constantly assessing the improvement in the physical and psychological functioning of patients under opioid use (Hudspeth, 2016).

A long period of treatment retention is associated with better posttreatment outcomes. However, referrals from health care providers as well as self-referrals are associated with lower percentages of success compared to referrals from employers and criminal justice entities. The lower percentage of referral process associated with health care professionals is related to their consideration of short-term detoxification rather than engaging with outpatient treatment (Marie, Sahker, & Arndt, 2015). In addition, much lower understanding of opioid use among health care professionals has led to minimal discussion about the opioid referral process.

Moreover, most of the advanced practice registered nurses who deal opioid dependent patients have minimal education in opioid addiction management. As such, the providers make decisions based on their past experiences without considering vetted standards of care which contribute to the event of opioid diversion or overdose death (Hudspeth, 2016). The participants in the current study agreed that NORTA tool is relevant in opioid dependence referral process.

Hudspeth (2016) indicated that the opioid agonist maintenance programs for opioid users have been effective in managing opioid overdose usage among inmates. In addition, the opioid treatment program for postrelease of inmates is efficient as it minimizes crime and drug addiction. The program is facilitated by community-based entities that ensure that affected inmates recover from addiction (Penn, 2014).

The correctional nurses and providers dealing with inmates in this study attested to the usefulness of the NORTA program. Andrade et al. (2012) emphasized the need for use of tools that help in monitoring of opioid use among substance users. The algorithm ensures the use of evidence-based practice and medical screening procedures that aid in treatment referrals of opioid dependent adults by correctional nurses (Andrade et al., 2012). Moreover, the National Commission on Correctional Health Care (2014) has established a set of standards that should be adopted by correctional nurses during the referral process.

Correctional nurses use evidence-based practice to refer medical examinations to the inmates in short-term jail detentions, juvenile detentions, jails, and prisons (Penn, 2014). The NCCHC set of standards contains evidence-based information that helps correctional nurses recommend the best practices for clinical management of certain health conditions such as asthma, opioid detoxification, and hyperactivity disorder, which are issued under specific consideration of correctional housing and living environment. Moreover, the NCCHC set of standards ensures that the necessary objectives are met during incarceration treatment processes, facilitates the transition to the community once inmates are released, and ensures the improvement of health services (Penn, 2014). The algorithm ensures that correctional nurses improve correctional health standards with the goal of treating and rehabilitating opioid users.

The results of the surveyed nurses and practitioners documented that opioid dependent patients were referred for treatment within 24 hours of being admitted to the facility. This outcome was congruent with the assertions by Penn (2014), who indicated that patients are referred for treatment immediately after admission. Substance abuse

patients who do not receive treatments or referral upon release suffer relapse or reincarceration (Penn 2014). One of the treatment medications offered to opioid dependence patients is buprenorphine, which is a legally accepted medication in the United States and European countries. Treatment of substance abuse patients with methadone or buprenorphine ensures that the effectiveness of these medications is evident within 24 to 36 hours after the intake (Penn, 2014).

Methadone is best considered for treatments compared to the other treatments (Vourakis, 2012). Use of methadone by incarcerated drug and substance abuse patients is associated with improved health outcomes after their release. In addition, use of methadone referred in a community-based setting prior to release of inmates reduces the risks and addiction to drug and substance use (McKenzie et al., 2012). Methadone maintenance treatment prior to release from incarceration is an appropriate strategy for increasing treatment retention, reducing the relapse time for substance use, and increasing the strategy for minimizing drug abuse.

The respondents acknowledged that NORTA facilitated the opioid referral process. Algorithms are among the recognized tools in facilitating treatment adherence. Utilization of algorithms for referrals for treatment is effective; algorithms reduce rates of emergency department and drug overdose visits (Gudin, Mogali, Jones, & Comer, 2013).

Strengths and Limitations of the Project

Strengths

One of the key strengths of the study was that the author did not involve nurses with minimal experience in correctional nursing in the research process. Only nurses

with knowledge of correctional nursing were involved in the study. A challenge to nurses has existed of dealing with opioid usage among incarcerated patients. Moreover, there has been a shortage of nurses with the required level of education concerning correctional nursing and drug and substance usage, such as opioid use (Hudspeth, 2016). Thus, including correctional nurses only with knowledge of opioid usage helped to determine the impact of opioid usage among the incarcerated and the mechanisms of dealing with opioid usage.

Limitations

This quality improvement project included a small sample of nurses, and thus generalizations to larger populations of nurses could not be made. In addition, the impact of the sampling error on the findings can be quantified, due to the small number of nurses participating in the project. Additionally, inclusion of the methodology of how the sample size was obtained would reveal the biases of the sample in generalizing of results

Implications of the Study Findings

Nurses in correctional settings should adopt NORTA in their nursing practice in order to enhance the efficiency of the referral process, thus ensuring that patients receive treatment within the minimum time possible. The nurses should also utilize the tool to provide patient teaching and transitory advice to the incarcerated patients. Additionally, nurses should adopt the tool to enhance clinical management and ensure that substance-dependent patients within clinical settings receive the required medical assistance.

Moreover, the adoption of the NORTA tool in correctional nursing settings will help to improve the health outcomes of incarcerated opioid dependent patients. The tool would assist the nurses in correctional settings in minimizing the negative impacts of substance abuse on the patients' health that are associated with opioid abuse and opioid withdrawal. NORTA should be integrated into the routine processes of screening individuals during incarceration in order to identify opioid dependent persons early and ensure that they receive the appropriate treatment once admitted into the facility. This procedure would minimize risks and improve patient-centered care within correctional settings.

Policy changes may be required to ensure that NORTA is adopted and routinely used during the medical intake screening in correctional facilities. Usage would require the adoption of institutional policy in the facilities, focusing on the adoption of NORTA. The policies would serve as the foundation for implementing the practice of using the tool in correctional settings. Correctional health care staff and security management nurses in these settings can spearhead the required policy changes.

Recommendations for Further Studies

The nurses in correctional health settings have less formal education in opioid dependence and the referral process than nurses in other settings. This lack of education increases the challenges of dealing with opioid use and treatment. The effect of lack of informed knowledge leads nurses to adopt short-term detoxification processes. This adoption contributes to increased relapse time and an increase in drug use among individuals released from correctional facilities.

Therefore, more educational programs involving drug and substance use should be advocated in nursing programs, specifically for opioid use. Moreover, long-term monitoring for opioid prescriptions upon admission should be encouraged to ensure effective referral for treatment. Consequently, further research should be conducted to assess the relationship between the level of education in the process of referral for treatment in the opioid dependent incarcerated adult and the success of continuity of care and detoxification process.

Summary

The study revealed that a majority of the correctional facility nurses agreed that Nursing Opioid Referral for Treatment Algorithm was helpful in the adult opioid dependence referral process. Similarly, more than two-thirds of the respondents supported the statement that the NORTA tool was relevant to the adult opioid dependence referral process. In addition, most of the respondents strongly agreed that the NORTA tool was useful for correctional nurses and providers working in the intake medical area. The findings also showed that almost all the participants supported the statement that the information provided to the participants in the NORTA tool was clear and easy to follow. More than two-thirds of the participants concurred with the statement that the opioid dependent patients were referred for treatment within 24 hours of being admitted to the facility. In addition, a majority strongly agreed that the Nursing Opioid Referral for Treatment Algorithm facilitated the opioid dependence referral process.

The study established that opioid referral for treatment aids in the opioid dependence referral process. There exists much lower understanding of opioid use and

the incarcerated adult patient among health care professionals than of other patients. This lower understanding contributes to minimal discussion of opioid dependence and referral for treatment. The study further established that NORTA tool is relevant in the opioid dependence referral process, as it contributes to patient safety. Moreover, the NORTA tool is useful to correctional nurses as it enhances referral for treatment process among newly admitted opioid dependent patients. In addition, the speedy referral of the adult opioid dependent incarcerated patient can result in better patient health care outcomes.

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Appendix A

Nova Southeastern University IRB Approval



NOVA SOUTHEASTERN UNIVERSITY
Institutional Review Board

MEMORANDUM

To: **Christine H Edmund, MSN**
College of Nursing

From: **Jo Ann Kleier, Ph.D., Ed.D.,**
Center Representative, Institutional Review Board

Date: **July 12, 2016**

Re: **IRB #: 2016-289; Title, “Correctional Nurses: Adult Opioid
Dependence Referral Process”**

I have reviewed the above-referenced research protocol at the center level. Based on the information provided, I have determined that this study is exempt from further IRB review under **45 CFR 46.101(b) (Exempt Category 1)**. You may proceed with your study as described to the IRB. As principal investigator, you must adhere to the following requirements:

- 1) **CONSENT:** If recruitment procedures include consent forms, they must be obtained in such a manner that they are clearly understood by the subjects and the process affords subjects the opportunity to ask questions, obtain detailed answers from those directly involved in the research, and have sufficient time to consider their participation after they have been provided this information. The subjects must be given a copy of the signed consent document, and a copy must be placed in a secure file separate from de-identified participant information.

Record of informed consent must be retained for a minimum of three years from the conclusion of the study.

- 2) **ADVERSE EVENTS/UNANTICIPATED PROBLEMS:** The principal investigator is required to notify the IRB chair and me (954-262-5369 and Jo Ann Kleier, Ph.D., Ed.D., respectively) of any adverse reactions or unanticipated events that may develop as a result of this study. Reactions or events may include, but are not limited to, injury, depression as a result of participation in the study, life-threatening situation, death, or loss of confidentiality/anonymity of subject. Approval may be withdrawn if the problem is serious.
- 3) **AMENDMENTS:** Any changes in the study (e.g., procedures, number or types of subjects, consent forms, investigators, etc.) must be approved by the IRB prior to implementation. Please be advised that changes in a study may require further review depending on the nature of the change. Please contact me with any questions regarding amendments or changes to your study.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed in Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991.

Cc: **Eglintine Rigaud, Ph.D.**

Appendix B

Letter of Support



October, 28th, 2015

Attn: Capstone Committee/ IRB

Nova Southeastern University
 Health Profession Division
 College of Nursing-Doctor of Nursing Practice
 3301 College Ave
 Fort Lauderdale, FL 33314

Dear IRB/Capstone Committee Members:

I have read Christine Edmund's proposal for a capstone project approved to be carried out at Corrections Health Services in Orlando Florida. I understand that this student is piloting this capstone project to fulfill the requirements in the Doctorate of Nursing Practice program at Nova Southeastern University, Ft. Lauderdale, Florida and will have the opportunity to present the capstone project findings in other venues.

I understand that the Institutional Review Board for the Use of Human Subject's in Research (IRB) at the University is concerned with protecting the confidentiality, privacy, and well-being of research participants. Further, it is my understanding that the student will additionally be advised in this capstone project by their academic advisor and the DNP preceptor, both of whom will have regular contact with this student.

I do not have concerns about the study the student has proposed based on conversations with the student and after reviewing her capstone project proposal. The agency supports this student's plan and approves of the project, including recruitment of participants and data collection, through this agency.

Should you have additional questions or concerns, you may contact me:

Sincerely,
 Arlon Beauregard MBA
 407-230-0764

Capstone Project Letter of support

Appendix C
Informed Consent

Consent Form for Participation in the Research Study Entitled “Adult Opioid
Dependence Referral Process”

Funding Source: None. IRB protocol #:

Principal Investigator(s)

Christine Edmund, MSN, RN

806 Savona Place

Kissimmee, Florida, 34758

Contact phone number: 321-284-1882

For questions/concerns about your research rights, contact:

Human Research Oversight Board (Institutional Review

Board or IRB) Nova Southeastern University

(954) 262-5369/Toll Free: 866-499-0790

IRB@nsu.nova.edu

Site Information:

Corrections Health Services

3723 Vision Blvd

Orlando, Florida, 332823

Initials: _____ Date: _____

What is the study about?

The purpose of this study is to:

- (1) Establish a collaborative partnership with the Correctional Department Security staff and Correctional Health Services to integrate the NCCHC standardized referral process that will be developed into a treatment algorithm for nurses and practitioners assessing pre-incarcerated opioid dependent persons within 2 hours of correctional intake process;
- (2) Network with the Correctional Department Security staff and Correctional Health Services nurses and practitioners to provide 2 information sessions on the opioid dependency referral algorithm as it relates to adherence of NCCHC standard;
- (3) Evaluate nurses and practitioners referral appropriateness for incarcerated opioid dependency and treatment post algorithm implementation by conducting an Opioid Nurse Management Survey (ONMS) at 2 weeks

Why are you asking me?

The reason you are being asked to participate is you are a Correctional Health Services FTE a nurse, or nurse practitioners with six months experience in the facility's intake medical area.

What will I be doing if I agree to be in the study?

If you agree to participate, you are asked to (1) engage in a face to face focus information session on the Nursing Opioid Referral for Treatment Algorithm The information session will last approximately 10 minutes. (2) You will also be asked to complete a questionnaire after two weeks of utilizing the Algorithm.

Is there any audio or video recording?

This research project does not include the use of audio or video recording.

What are the dangers to me?

The activities in this study may have unforeseeable risks such as “possible loss of confidentiality.” If you have any questions about the research, your research rights, or have a research-related injury, please contact Christine Edmund, principal investigator and Dr. Eglintine Rigaud adviser. You may also contact the IRB at the numbers indicated above with questions as to your research rights.

Are there any benefits for taking part in this research study?

There are no benefits to you for participating in the project.

Will I get paid for being in the study? Will it cost me anything?

There are no costs or payments to you for participating in this study

How will you keep my information private?

We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage. The data will be stored to ensure security and confidentiality for a minimum of 36 months from the conclusion of the study requirement. All information obtained in this study is strictly confidential unless disclosure is required by law. The Nova Southeastern University IRB, regulatory agencies and capstone chair may review research records.

What if I do not want to participate or I want to leave the study?

Participation in this study is voluntary. You have the right to withdraw from this project at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of service you have a right to receive. If you choose to withdraw, any information collected about you before the date you leave the study will be kept in the project records for 36 months from the conclusion of the study

and may be used as a part of the research.

Initials: _____

Date: _____

Other Considerations:

If significant new information relating to the study becomes available, which may relate to your willingness to continue to participate, this information will be provided to you by the investigator.

Voluntary Consent by Participant: By signing below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered
- you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled Correctional Nurses:

Adult Opioid Dependence Referral Process

Participant's Signature: _____ Date: _____

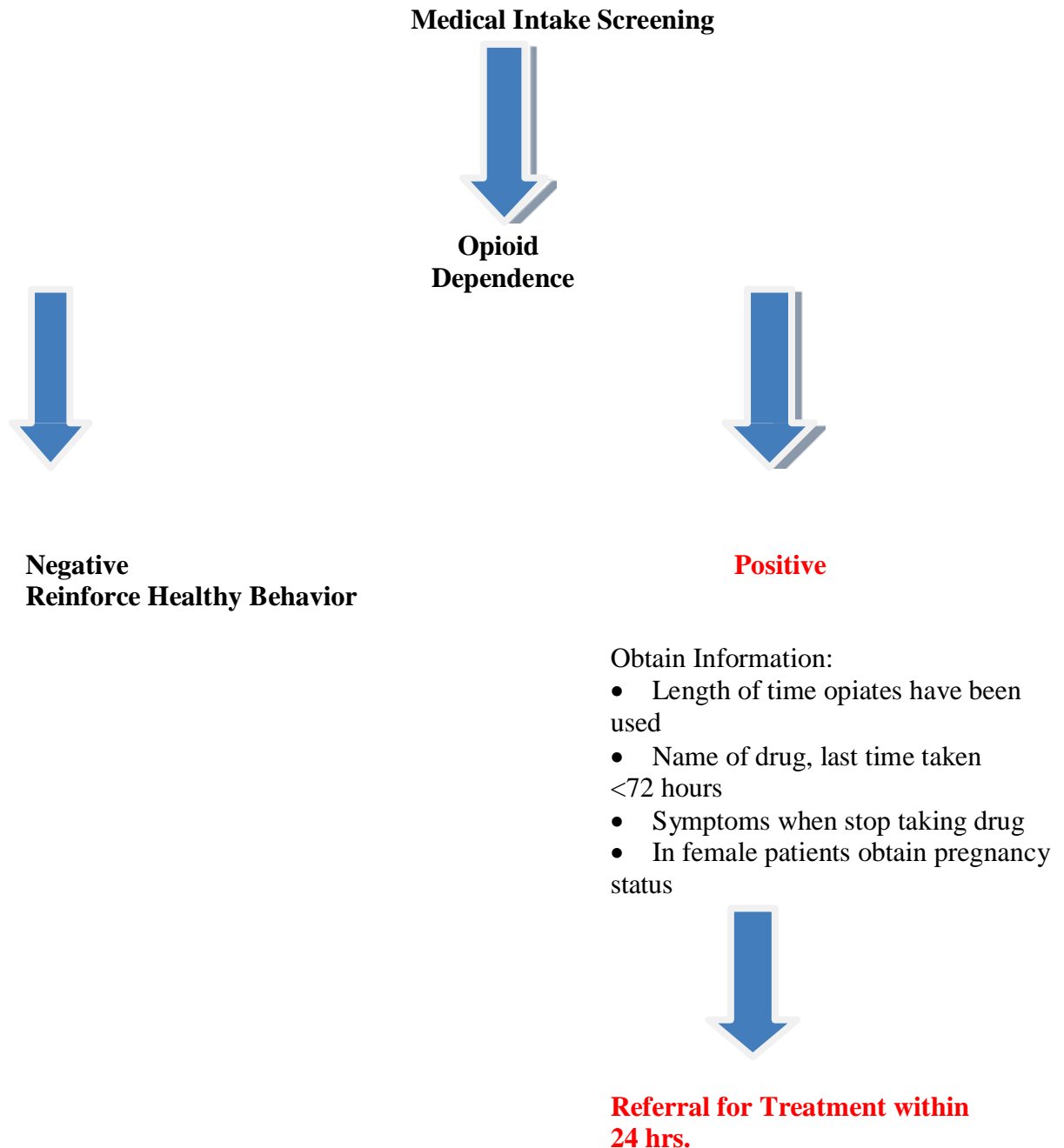
Participant's Name: _____ Date: _____

Signature of Person Obtaining Consent: _____

Date: _____

Appendix D

Nursing Opioid Referral for Treatment Algorithm (NORTA)



Appendix E

Opioid Nursing Management Survey (ONMS)

1. Was the Nursing Opioid Referral for Treatment Algorithm helpful in the adult opioid dependence referral process?

- a. Strongly Disagree
- b. Disagree
- c. Neutral/Neither agree nor disagree
- d. Agree
- e. Strongly Agree

2. Is the information in the NORTA tool relevant to the adult opioid dependence referral process?

- a. Strongly Disagree
- b. Disagree
- c. Neutral/Neither agree nor disagree
- d. Agree
- e. Strongly Agree

3. Is the NORTA tool useful for correctional nurses and providers working in the intake medical area?

- a. Strongly Disagree
- b. Disagree
- c. Neutral/Neither agree nor disagree
- d. Agree
- e. Strongly Agree

4. Was the information provided to you in the NORTA tool clear and easy to follow?

- a. Strongly Disagree
- b. Disagree
- c. Neutral/Neither agree nor disagree
- d. Agree
- e. Strongly Agree

5. Was the opioid dependent patient referred for treatment within 24 hours of being admitted into the facility?

- a. Strongly Disagree
- b. Disagree
- c. Neutral/Neither agree nor disagree
- d. Agree

e. Strongly Agree

6. Did the Nursing Opioid Referral for Treatment Algorithm facilitate the opioid dependence referral process?

a. Strongly Disagree

b. Disagree

c. Neutral/Neither agree nor disagree

d. Agree

e. Strongly Agree

Appendix F
Information Session Guide

Introduction

Name: C. Edmund NSU

Capstone Project: Correctional Nurses: Adult Opioid Dependence Referral Process

Thank you for agreeing to participate in this project. The Nursing Opioid Referral for Treatment Algorithm (NORTA) tool was designed to facilitate the adult opioid dependence referral process. Obtaining and documenting responses to the questions on the algorithm is essential in the medical management of the patient. It aids the Corrections Health Services team in deciding the course of treatment for the patient, how much, and for how long. The Nursing Opioid Referral for Treatment Algorithm should be utilized for every adult incarcerated inmate who gives a history of opiate use.

Explanation

According to the National Commission on Correctional Health Care medical detoxification is considered the standard of care for individuals with opiate dependence. A significant amount of inmates admitted into jails have a history of substance abuse. By obtaining the information listed on the NORTA, and referring the patient for treatment, you are offering the patient the opportunity to safely withdraw from opiates. Treating the inmate's dependence on opiates is a step in guiding them to a healthy lifestyle.

Questions?