

Implementing Interprofessional Alcohol Screening, Brief Intervention & Referral to Treatment (SBIRT) in the Emergency Department: **An Evidence-Based Quality Improvement Initiative**

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Purpose

- ☐To develop, deliver and evaluate an alcohol SBIRT educational program, and implement an alcohol SBIRT protocol for emergency department nurses and social workers
- □Alcohol abuse is the 3rd leading cause of preventable death contributing to over 200 diseases and injury-related health conditions ☐Many use the ED as sole source of medical care and SBIRT may provide a window of therapeutic opportunity or "teachable moment" □Alcohol-related injuries and deaths
- □60-70% homicides
- □69% fatal burn injuries
- □60% drowning deaths
- □40% fatal falls
- □40% suicides
- □38% motor vehicle fatalities
- □SBIRT identifies, reduces and prevents alcohol abuse by: □Identifying patients with alcohol abuse problems
- □Providing patients with solid strategy to reduce or eliminate use □Referring patients to appropriate services for treatment
- □PICO: "Does developing, delivering and evaluating an alcohol SBIRT education program and protocol to emergency nurses and social workers improve knowledge and documentation quality to support practice change?"



- Effectiveness of SBIRT
 - □ Reductions in alcohol consumption
 - ☐ Fewer repeat injuries. ED visits & repeat hospitalizations
 - ☐ Fewer traffic incidents & DUI arrests
 - Potential to increase adherence to alcohol treatment
 - ☐ Ranked 4th preventative service by USPPSTF
- ☐ Theoretical Model
 - Roger's Diffusion of Innovations
 - ☐ RE-AIM: Reach, Efficacy, Adoption, Implementation, Maintenance
- □ Site Needs/Feasibility
 - Organizational needs assessment revealed practice gap with no current routine alcohol screening

Project Plan ■ Objectives:

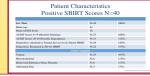
- u Revise the EMR to include 10-point alcohol screening tool and alcohol SBIRT documentation for ED nurses & social workers
- Develop & implement E-Learning Health Stream alcohol SBIRT educational module for ED nurses & social workers
- ☐ Evaluate learning outcomes via pretest/posttest & program evaluation
- ☐ Evaluate ED nurses & social worker's alcohol SBIRT documentation
- Project Type:
- Quality improvement initiative, quasi-experimental design to measure effects of educational module and EMR documentation protocol regarding nurses' & social workers' knowledge of SBIRT and adherence to EMR SBIRT Protocol and documentation
- □ 569 bed tertiary hospital: Level I trauma center with approximately 49,000 visits annually; 80 nurses and 4 social workers Participants/Sample: (single convenience, non-randomized cohort)
- ☐ 80 nurses, 4 social workers and all ED patients meeting inclusion (English speaking, >18, GCS 15, ESI Triage Score 3, 4, or 5) Sources of Data:
- ☐ 10-question Alcohol Use Disorders Identification Test (AUDIT) validated screening tool
- 10-question multiple choice ED alcohol SBIRT knowledge pretest/posttest reviewed by 6 content experts for content validity
- □ 5-question Likert scale survey rating perceptions of achievement of objectives and teaching effectiveness
- ☐ Nurse/Social worker EMR documentation (inclusion criteria, AUDIT scoring, referral for positive screens, brief intervention, reasons brief intervention not done, referral to treatment
- ☐ Budget:
 - ☐ Printing: SBIRT cue cards for nurses/social workers (\$200); Patient brochures (free); ED Information Technology services waived Project 2016 Timeline:
- ☐ March/April: education launched; April/May: protocol launched; May/June: data evaluation; June/July: results dissemination Ethics/Human Subjects Protection:
- ☐ Loyola IRB Exempt LU#208338; No anticipated safety risk to staff/patients; data de-identified; confidential on secure server.

Results

- Educational Module Evaluation (one month completion time)

 10-multiple choice questions based on module content Expert panel determining content validity (Scale Content
- Paired sample t-test to note differences between pretest/ posttest scores
 Internal consistency measured using Chronbach's alpha
- Program Evaluation (one month completion time)
- Nonparametric descriptive statistics
- Likert scale rating perception of achievement of each objective and teaching effectiveness Alcohol SBIRT Protocol and Documentation EMR Evaluation (one
- month data collection time)

 Nonparametric descriptive statistics; AUDIT score; risk stratification; patient characteristics
- □ Compliance Monitoring:
- ☐ Linked to performance evaluation; work-time allowance; CE credit; weekly email reminders Stakeholder Support/Sustainability:
 - Team support; SBIRT embedded in EMR; SBIRT champions identified: ongoing training





		166	Social Worker Documentation		
Inclusion criteria	2531	100	Brief intervention for positive score	22	100
Agree/edisse screening	2531	100	Rosean if brief intervention not done	NA	No
AUDIT score	518	100	Referred to treatment	22	100
Referred to Social Worker if positive	40	100			
Patient disposition	40	100			

Practice Implications

- ☐ Universal alcohol screening identifies those who may otherwise be undetected until alcohol-related problems are evident
- ☐ ED nurses & social workers play a pivotal role in screening and intervening with patients; not only to highlight the consequences of alcohol use, but also to help manage related health problems
- ☐ The team of ED nurses and social workers, working collaboratively may be the first & only health care providers to recognize unhealthy alcohol behaviors and have an influence on behavior change
- Recommendations for further study include following up with ED patients at 3 months & 6 months to evaluate for reduction in alcohol consumption or abstinence

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