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
  - Quadruple to 70% homicides
  - Quadruple to 50% burn injuries
  - Quadruple to 40% drowning deaths
  - Quadruple to 40% fatal falls
  - Quadruple to 30% suicides

SBIRT identifies, reduces and prevents alcohol abuse by:

- Identifying patients with alcohol abuse problems
- Providing patients with solid strategy to reduce or eliminate use
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- Providing patients with solid strategy to reduce or eliminate use

Setting:

- 569 bed tertiary hospital: Level I trauma center with approximately 49,000 visits annually; 80 nurses and 4 social workers

Evidence-Based Initiative

1. Effectiveness of SBIRT
2. Reductions in alcohol consumption
3. Fewer repeat injuries, ED visits & repeat hospitalizations
4. Potential to increase adherence to alcohol treatment

Project Plan

Objectives:

- Develop & implement E-Learning Health Stream alcohol SBIRT educational module for ED nurses & social workers
- Develop & implement 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

Methods:

- Organizational needs assessment revealed practice gap
- RE-AIM: Reach, Efficacy, Adoption, Implementation, Integration
- Potential to increase adherence to alcohol treatment
- Fewer repeat injuries, ED visits & repeat hospitalizations
- Reductions in alcohol consumption

Results

- Educational Module Evaluation (one month completion time)
  - 10 multiple choice questions based on module content
    - Expert panel determine content validity (Scale Content Validity Index Average)
  - Passed exam with no rec use differences between pretest
    - Internal consistency measured using Cronbach’s alpha
  - Program Evaluation (one month completion time)
    - Nonparametric descriptive statistics
    - Likert scale rating perception of achievement of objectives and teaching effectiveness
  - Alcohol SBIRT Protocol and Documentation EMR Evaluation (one month data collection)
    - Nonparametric descriptive statistics; AUDIT score, risk stratification, patient characteristics
  -SBIRT Education, work-time allocation, CE credit; weekly email reminders

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

Bibliography

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Bibliography