Maintaining Emergency Room Nurse Momentum to Screen for Substance Use

A Salute to Nurse Champions in the EDRN-SBIRT Project

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Who? SBIRT Project Team

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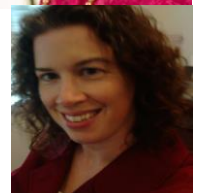
Holly Hagle, PhD   Director, National SBIRT ATTC

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Dawn Lindsay, PhD   Project Evaluator

Who? SBIRT Project Team continued

|	
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Vicky Lehay, MS	IRETA Trainer
Laurie Christy, BSN, RN	**UPMC Chief SBIRT Nurse Champion**

Why? SBIRT

Statistics:

- **Globally**

Global burden of disease attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease (WHO, 2012)

- **Nationally**

23.1 million persons aged 12 or older needed treatment for an AOD-related problem *but only 2.3 million received* specialty treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009)

Prevalence of alcohol use disorders (%), adult males (15+), 2004
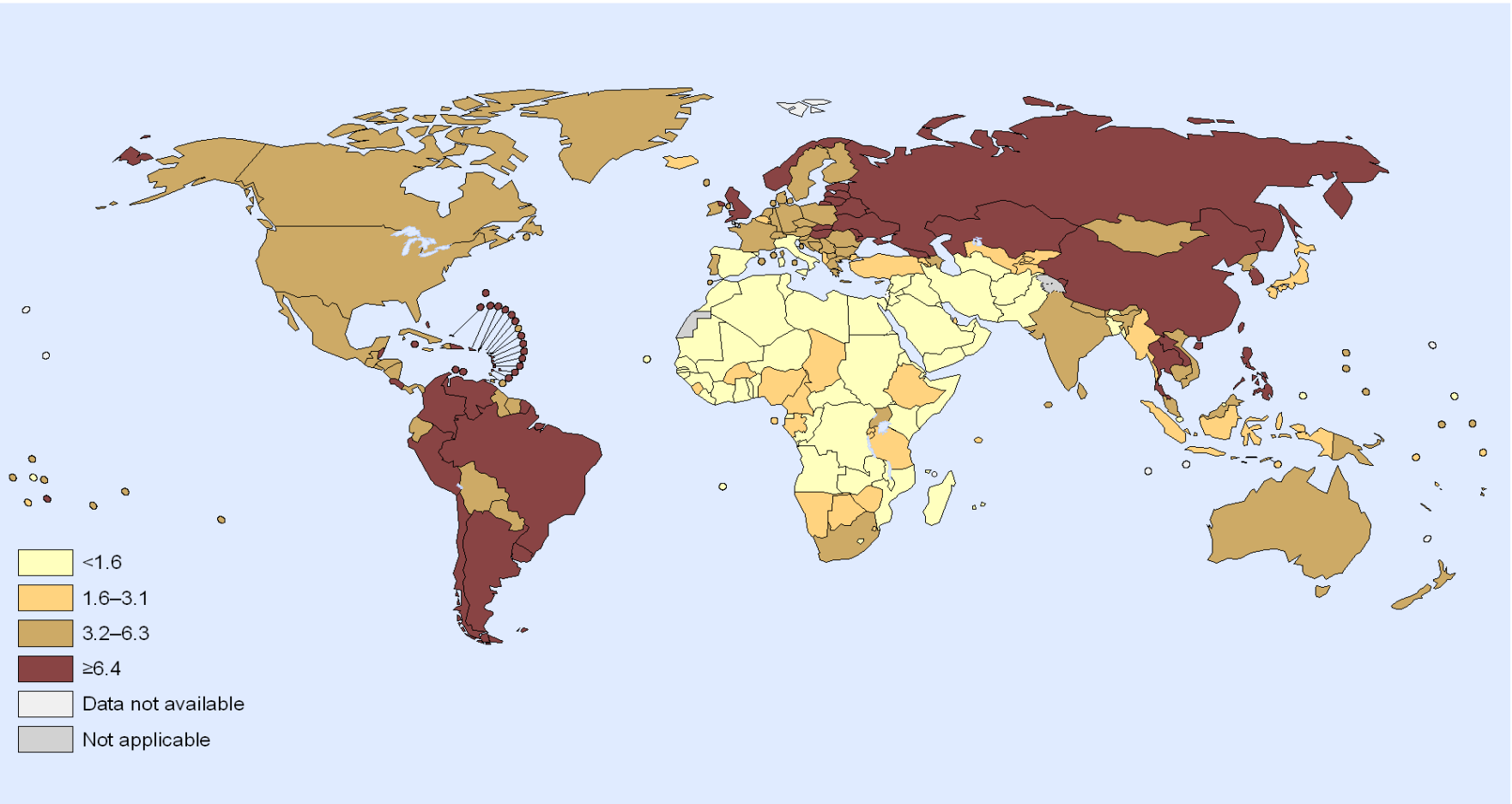
Legend:
- <1.6
- 1.6–3.1
- 3.2–6.3
- ≥6.4
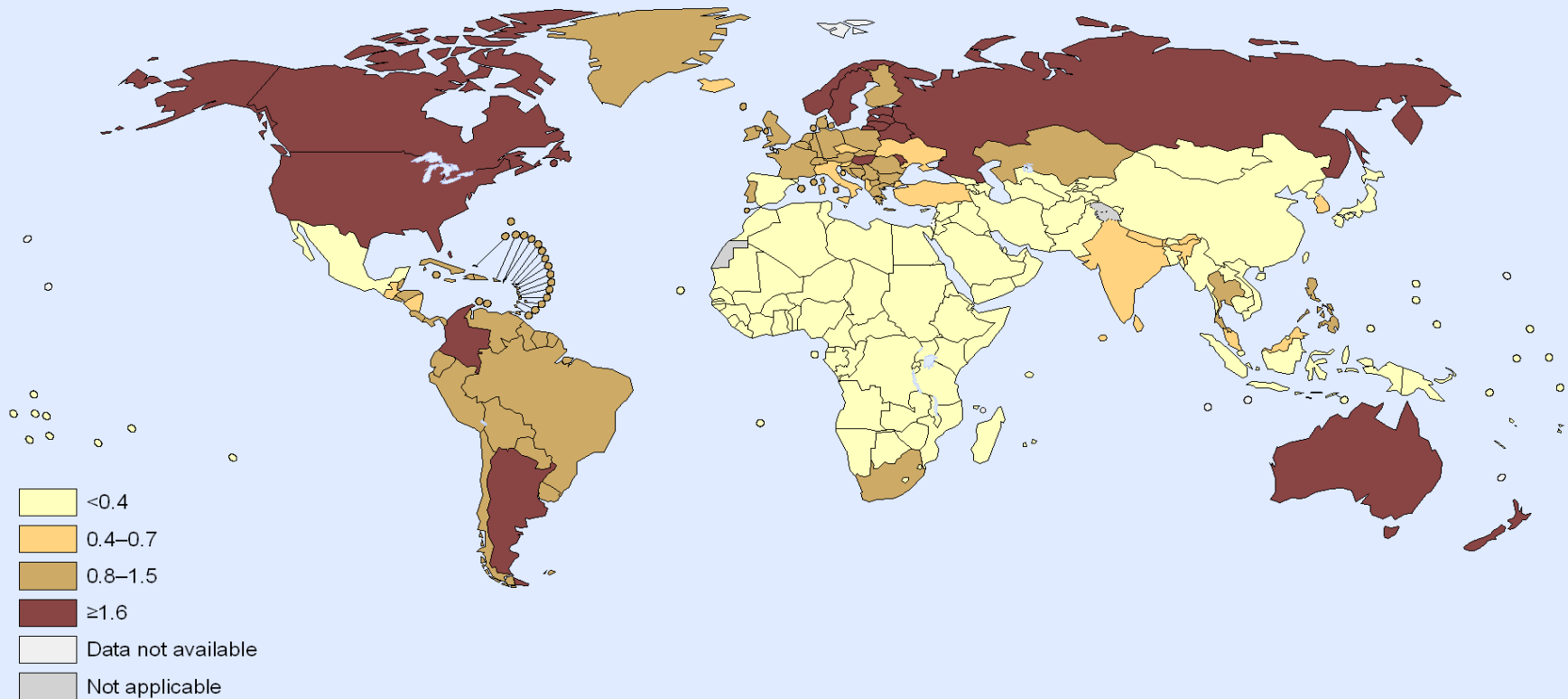- Data not available
- Not applicable

Data Source: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization

World Health Organization

Prevalence of alcohol use disorders (%), adult females (15+), 2004

Legend:
- <0.4
- 0.4–0.7
- 0.8–1.5
- ≥1.6
- Data not available
- Not applicable

School of Nursing

Vision: Advancing Nursing Science, Education, and Practice

Educates approximately 600 undergraduate students at any given point and 115 graduate NP students in academic year 2010-2011

Academic Programs:

BSN (first-degree, second-degree, and RN-BSN)

MSN (Nurse Practitioner, Clinical Nurse Specialist, Nurse Anesthesia, and Advanced Specialty Roles, RN-MSN)

Doctor of Nursing Practice (DNP)

PhD (including BSN-PhD)

Ranked 5th in National Institutes of Health (NIH) research dollars

Institute for Research, Education, and Training in Addiction (IRETA)

Mission: To improve the recognition, prevention, treatment, research, and policy related to addiction and recovery

To achieve the mission, they provide:

Accurate and timely dissemination of evidence-based information

Bi-directional exchange of constructive knowledge related to addiction and recovery

Knowledge of addiction and recovery in a culturally competent manner

Why? SBIRT in the ED

Statistics:

- **Globally**

Data from 147 countries (88% of the world population), collected in 2008, show that the main location for treatment of substance use disorders is the specialist substance abuse system, followed by the mental health system, the general health system, and primary care (WHO, 2012)

- **Nationally**

24-31% of all patients treated, *and as many as 50% of severely injured trauma patients* in Emergency Departments test positive for alcohol use (D'Onofrio & Degutis, 2002)

What? SBIRT in the ED

Universal and Selective Prevention—Lower the Risk: *Early screening* by health professionals has been associated with reductions in alcohol use, health care utilization, criminal justice involvement, and societal costs (Cuijpers et al., 2004; Chudnofsky, 2007)

EDRN-SBIRT is a *Federal grant* with the goal of assisting EDRNs & all ED professionals with *earlier identification* along the continuum of substance use, abuse, and dependence for individuals who present to the emergency room and for those with alcohol and other drug (AOD) use/misuse
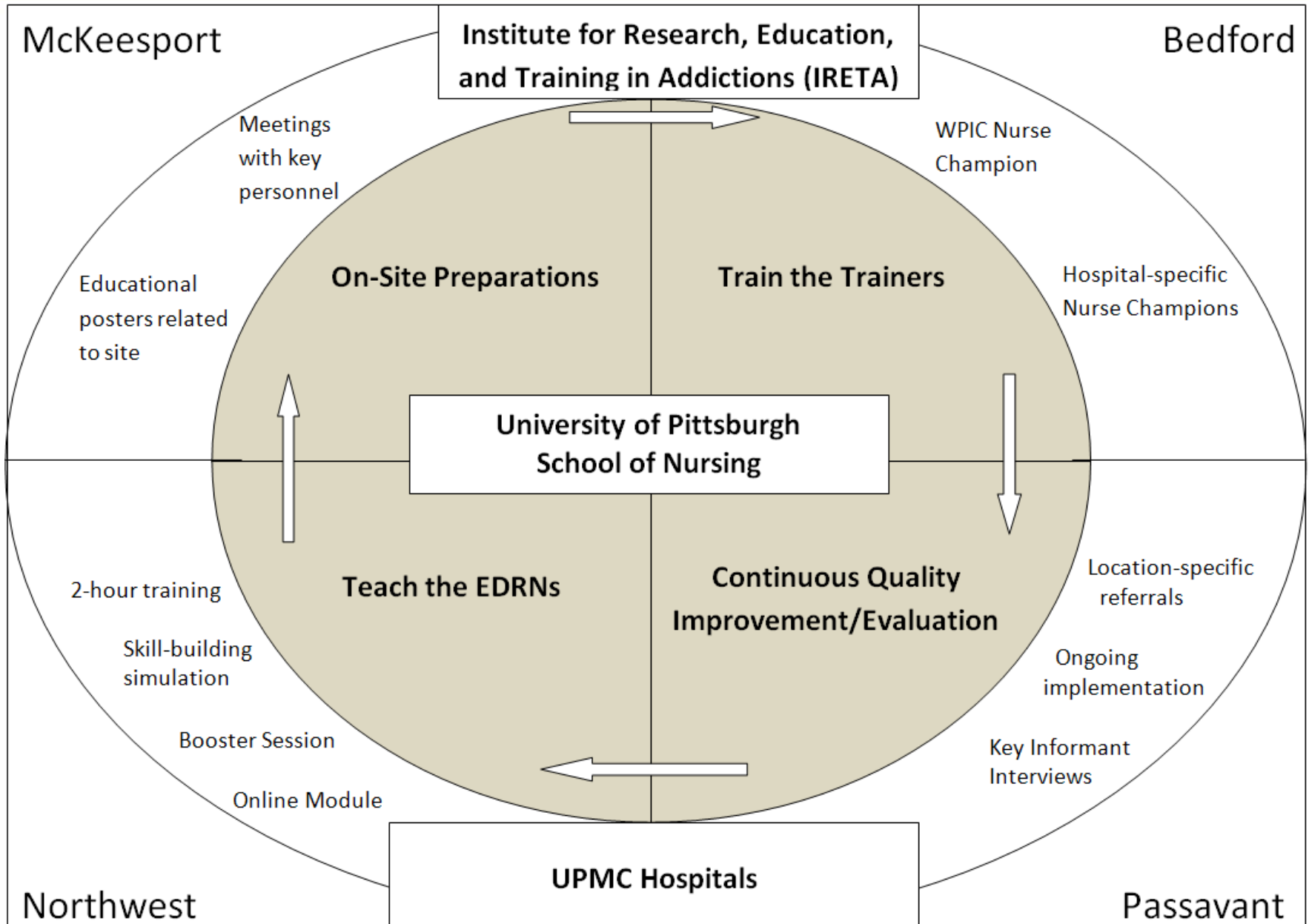
Screening, **B**rief **I**ntervention, **R**eferral **T**reatment

Step 1: Raise the Subject

Step 2: Provide Feedback

Step 3: Enhance Motivation

Step 4: Negotiate and Advise

What can 5 minutes do?

A cross-national (10 countries: n=1,260) brief intervention trial with heavy drinkers

- Interventions included simple advice, brief and extended counseling compared to control group

- Results: Consumption decreased ↓

  – 21% with 5 minutes advice, 27% with 15 minutes

  compared to 7% controls

  – Significant effect for all interventions

(World Health Organization (1996): Am J Pub Health)

Critical to the momentum of training and sustaining SBIRT practice….

SBIRT Nurse Champions

Senior System Nurse Champion – one nurse appointed by the system to monitor SBIRT development and implementation across all EDs

ED Nurse Champion – a senior nurse was identified for the SBIRT initiative and received additional training and ongoing support from the SBIRT trainers and the system SBIRT nurse champion.

System Nurse Champion

- Participated in all system discussions to begin to work closely with the training team in all sequential individual meetings;

- Maintained system communications to avoid potentially cumbersome hurdles;

- Participated in the development of learning community emphasizing the team-based, collegial model for SBIRT planning and implementation

ED Nurse Champion

- Facilitated development of a learning community

- Facilitated the learning community concept of transparent communication for SBIRT toward supportive, shared leadership, creativity, shared values and vision, and shared practice*

*Hord, S. Professional learning communities: what are they and why are they important? Issues about Change. 1997;6(1):1-8.

ED Nurse Champion

- Provided additional on-site education of RNs to ensure SBIRT competency;

- Communicated information about developments, ideas, or existing/potential problems; crucial to sustaining the EDRN SBIRT learning community;

- Orients new employees

Demographics by Site

	Bedford	McKeesport	Northwest	McCandless	Cranberry	Total
Gender (% female)	70.6%	78.3%	86.5%	89.7%	88.0%	81.9%
Age (mean/std)	43.6/11.7	37.3/12.6	43.4/12.3	44.4/9.7	38.4/11.3	41.2/12.0
Profession						
RN	67.6%	63.0%	70.3%	93.1%	100.0%	76.0%
Nursing Assistant	0.0%	10.9%	10.8%	0.0%	0.0%	5.3%
Behavioral Health	5.9%	19.6%	2.7%	0.0%	0.0%	7.0%
Not reported	23.5%	6.5%	16.2%	6.9%	0.0%	11.1%

Attitude Scales at Baseline (pre-training) and End of Program (post-training)

- Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ; Shaw et al., 1976)

  30 items, Likert scale 1 = Strongly Disagree, 7 = Strongly Agree

  6 subscales

  Acceptable reliability, Cronbach's Alpha .69 - .90

- Drug and Drug Problems Perception Questionnaire (DDPPQ; Watson et al., 2003)

  22 items, same Likert 1 - 7 scale

  6 subscales

  Acceptable reliability, Cronbach's Alpha .64 - .90

Pre- to Post-Training Changes in Emergency Department Nurses and Other Staff Perceptions with Regard to Alcohol-Using Patients (N=140)

	Pre-Training Mean	Post-Training Mean	t(139)	p
Role Adequacy	3.23	3.66	-8.05	<0.01
Role Legitimacy	3.44	3.84	-7.83	<0.01
Role Support	3.27	3.76	-8.04	<0.01
Motivation	3.10	3.32	-4.02	<0.01
Task-specific Self-esteem	3.48	3.60	-2.30	0.02
Work Satisfaction	2.97	3.22	-5.17	<0.01

Changes in Perceptions with Regard to Alcohol-Using Patients After 30-45 day follow-up (n=62)
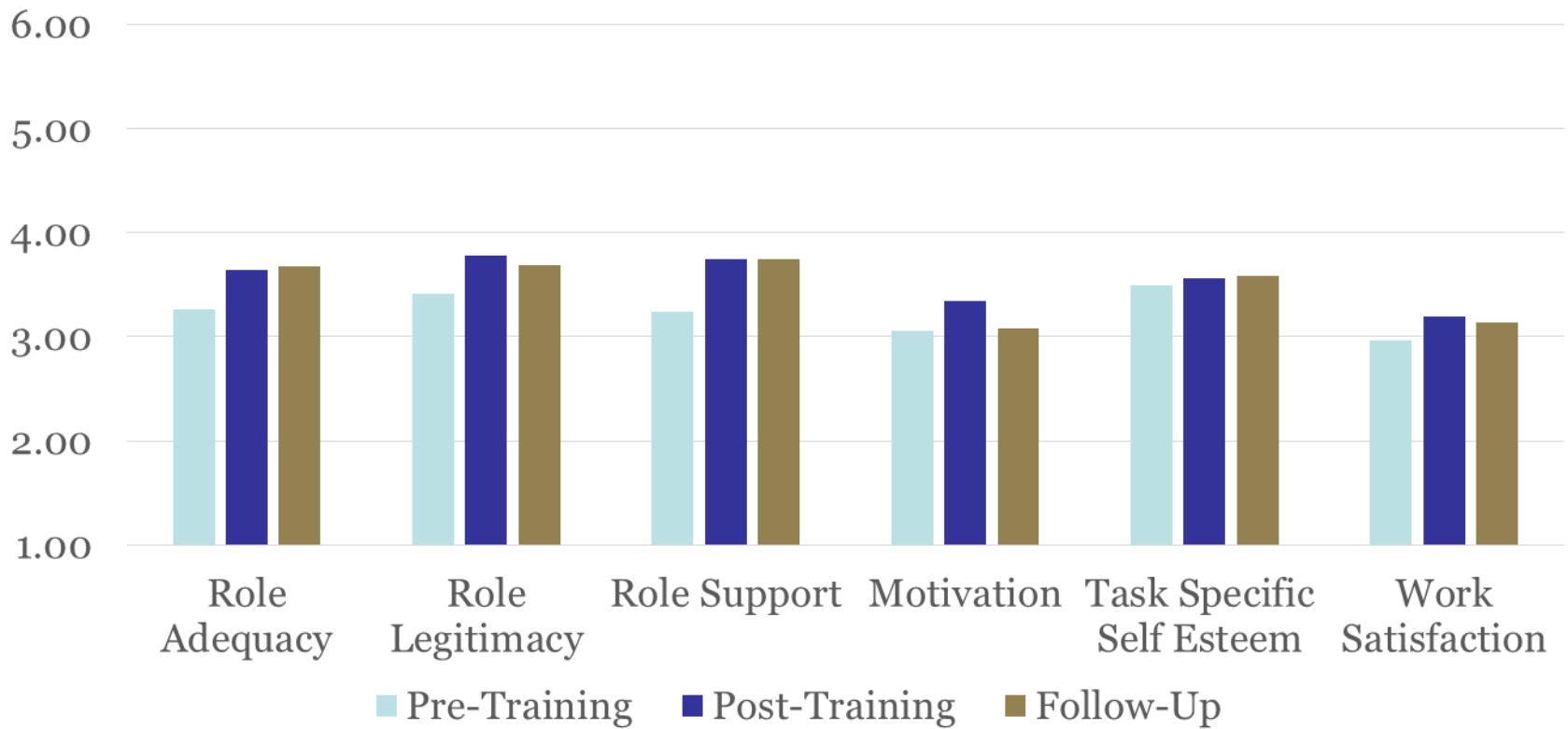
Pre- to Post-Training Changes in Emergency Department Nurses and Other Staff Perceptions with Regard to Substance-Using Patients (N=140)

	Pre-Training Mean	Post-Training Mean	t(139)	p
Role Adequacy	3.13	3.13	-8.40	<0.01
Role Legitimacy	3.57	3.57	-5.30	<0.01
Role Support	3.25	3.25	-6.45	<0.01
Motivation	3.19	3.19	-3.94	<0.01
Task-specific Self-esteem	3.29	3.29	-3.12	<0.01
Work Satisfaction	2.82	2.82	-5.25	<0.01

Changes in Perceptions with Regard to Drug-Using Patients After 30-45 day follow-up (n=62)
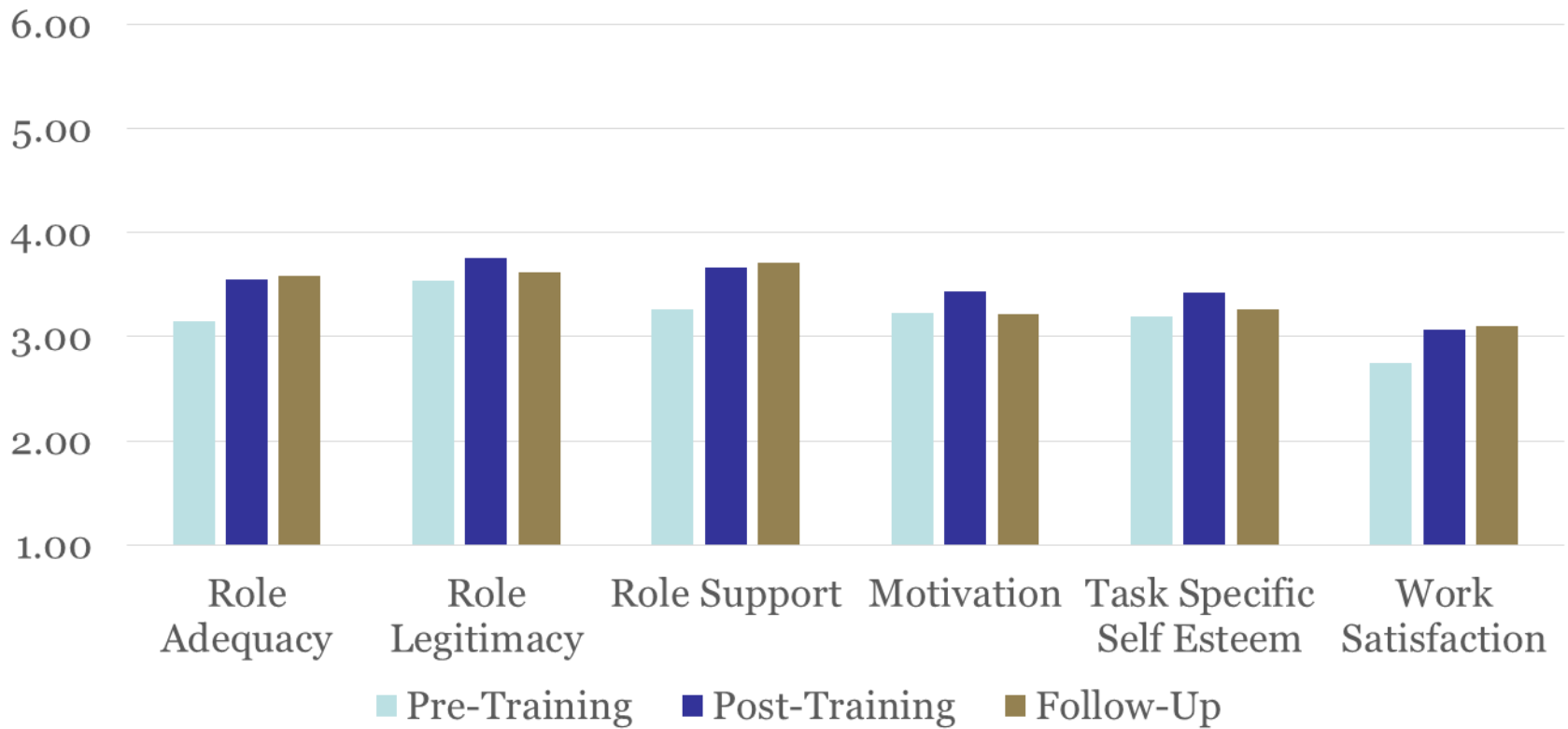
Competency Rating Scale

Screening	Total (N=134)
Integrates appropriate screening overview as part of the ED visit	93%
Administers initial screening question(s)	95%
Effectively engages patient in the screening process	91%

Brief Intervention	Total (N=134)
Raises the subject?	85%
Provides feedback?	80%
Enhances motivation?	71%
Negotiates and advises?	68%
Engages patient in interview process?	73%

Referral to Treatment	Total (N=134)
Collaborates with patient to determine the best course of action considering patient needs, preferences, and available resources?	70%
Provides patient with referral information when appropriate?	67%

Competency Rating Scale, cont'd

- Reasons for not doing SBIRT
  - Lack of relevancy to the patient population at the screening stage (n=4)

  - Difficulty in connecting use to a patient's presenting health problem at the brief intervention stage (n=3)

  - Waiting to collaborate with a behavioral health/ mental health/ social work colleague (n=2)

  - Personal discomfort (n=2)

  - Felt a referral was not necessary (N=2)

EDRN-SBIRT CQI

- Quotes from ED RNs and Staff:

  "Training gave us more confidence to try SBIRT"

  "D/C instructions and Referrals tied it together"

- Suggestions for improvement:

  "More role-plays with hostile patients"

  "Ways to document SBIRT"

SBIRT continues …

- SBIRT champions continue to monitor implementation and learning needs

- SBIRT information added to system online learning tools for continuing education

- Information system adjustments underway to review SBIRT CQI… to support ongoing research reports…

Alcohol Screening, Brief Intervention, and Referral to Treatment Conducted by Emergency Nurses: An Impact Evaluation Désy , P., Howard, P., Perhats, C., Li, S.

"…this study showed that the SBIRT procedure conducted by existing staff nurses in the ED setting can also contribute to reducing alcohol consumption, drinking frequency, and repeat emergency care visits. Two of the three study objectives were met: patients in the intervention group had more than a 10% decrease in alcohol consumption and 5% fewer alcohol-related injuries during the follow-up period compared with patients in the usual care group. These findings are encouraging because they show that the SBIRT procedure seems to have a positive impact on individuals' alcohol consumption and habits when implemented by ED staff nurses…"

Dedicated to Nurse Champions

The EDRN-SBIRT Program is made possible through a partnership with the University of Pittsburgh, School of Nursing; the Institute for Research, Education and Training in Addictions (IRETA); and UPMC, Western Psychiatric Institute and Clinic (WPIC).

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