

# Nurse-led Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Patients with Alcohol Use Disorder (AUD) in an Inpatient Setting

## BACKGROUND

- Excessive alcohol use is a leading cause of preventable death in the U.S.
- The alcohol epidemic has risen in tandem with the COVID-19 pandemic creating a call for action
- There are knowledge and skill gaps about how to address patients with AUD

## SIGNIFICANCE

- 14% of patients admitted with AUD had the AUDIT and SBIRT completed
- Pre-training survey: 60% of nurse respondents either disagreed or strongly disagreed with statements assessing their confidence to carry out SBIRT related care tasks

## PURPOSE/AIM

- Demonstrate the feasibility of nurse-led SBIRT implementation to respond to the high volume of patients admitted with AUD
- Goal 1:** Measured 50% increase in nurse confidence with use of SBIRT related care tasks after training session
- Goal 2:** 100% of patients admitted to the unit with AUD have AUDIT-C screening tool and SBIRT documented

## EVIDENCE

- Screening linked brief intervention reduces hazardous drinking patterns
- More intensive interventions are needed to facilitate a linkage between patients in medical settings and referral to treatment
- Nurse-led brief intervention is effective in reducing self-reported alcohol use
- Multiple contacts or sessions (in contrast to a single session) can increase the impact of SBIRT in reducing risky alcohol consumption

## SETTING/METHODS

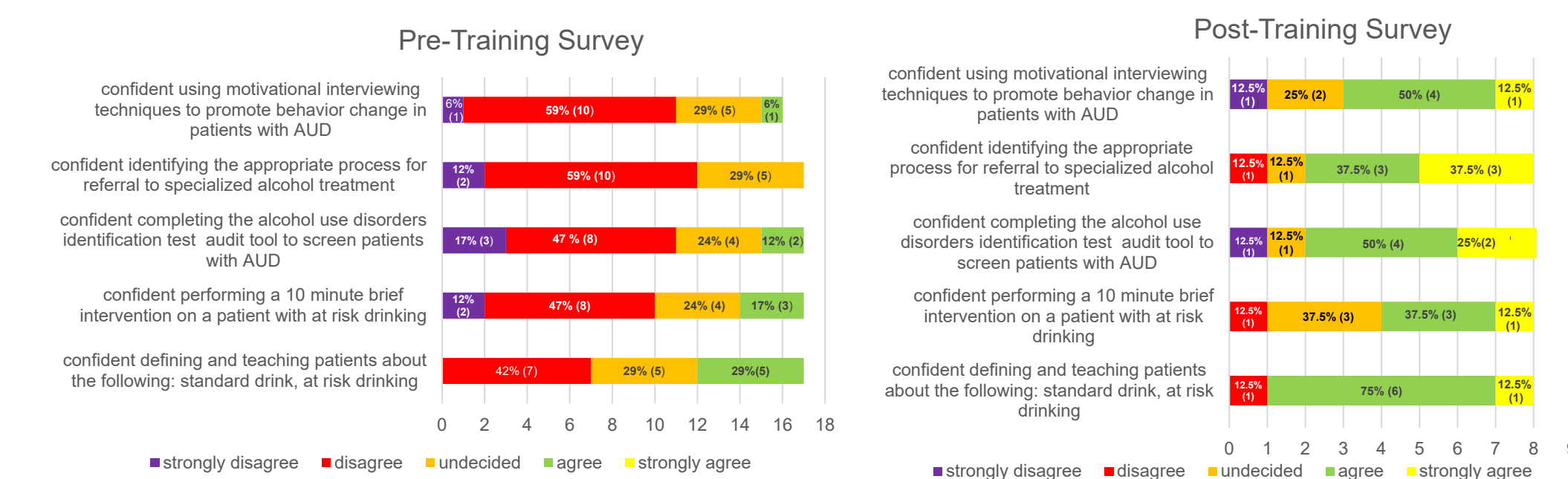
- 29 bed medical oncology unit
- 45 nurses (with experience ranging <1 to 50 years)
- 6 -week timeframe 2/7/22- 3/22/22
- Pre and post education likert scale survey

Nurses complete the following:

- review educational PowerPoint
- Complete AUDIT-C screening tool on patients with AUD
- Brief intervention on the following risk stratifications: At risk (8-15pts) high risk (16-19 pts) dependence (20-40pts)
- Refer to treatment for dependence (20-40pts)

## RESULTS AND OUTCOMES

- 70% (n=28) of all survey responses reflect nurses either agree or strongly agree they have confidence to carry out SBIRT related care tasks after the SBIRT educational training as compared to 12.6% (n=2) at baseline.
- The project did not increase the frequency of AUDIT-C and SBIRT documentation within the EMR.



## FURTHER RESEARCH/IMPLICATIONS FOR PRACTICE

- Make education mandatory
- Live, in-person training sessions
- Longer timeframe (6 months)
- SBIRT training as part of employee onboarding
- Change champions
- Staff engagement

## CONCLUSIONS/DISCUSSION

- A practice gap exists in the screening and brief intervention of AUD within this organization
- The project demonstrates the effectiveness of a curriculum to educate nurses on SBIRT, brief intervention, and motivational interviewing skills to increase nurse's role adequacy in addressing patients with AUD

