

It's in the mail! An innovative way to provide SBIRT resources to trauma patients

Stephanie Vega, MBA, BSN, RN, CCRN-K & Erin Hart-Rodriguez, MSW, LCSW

INTRODUCTION

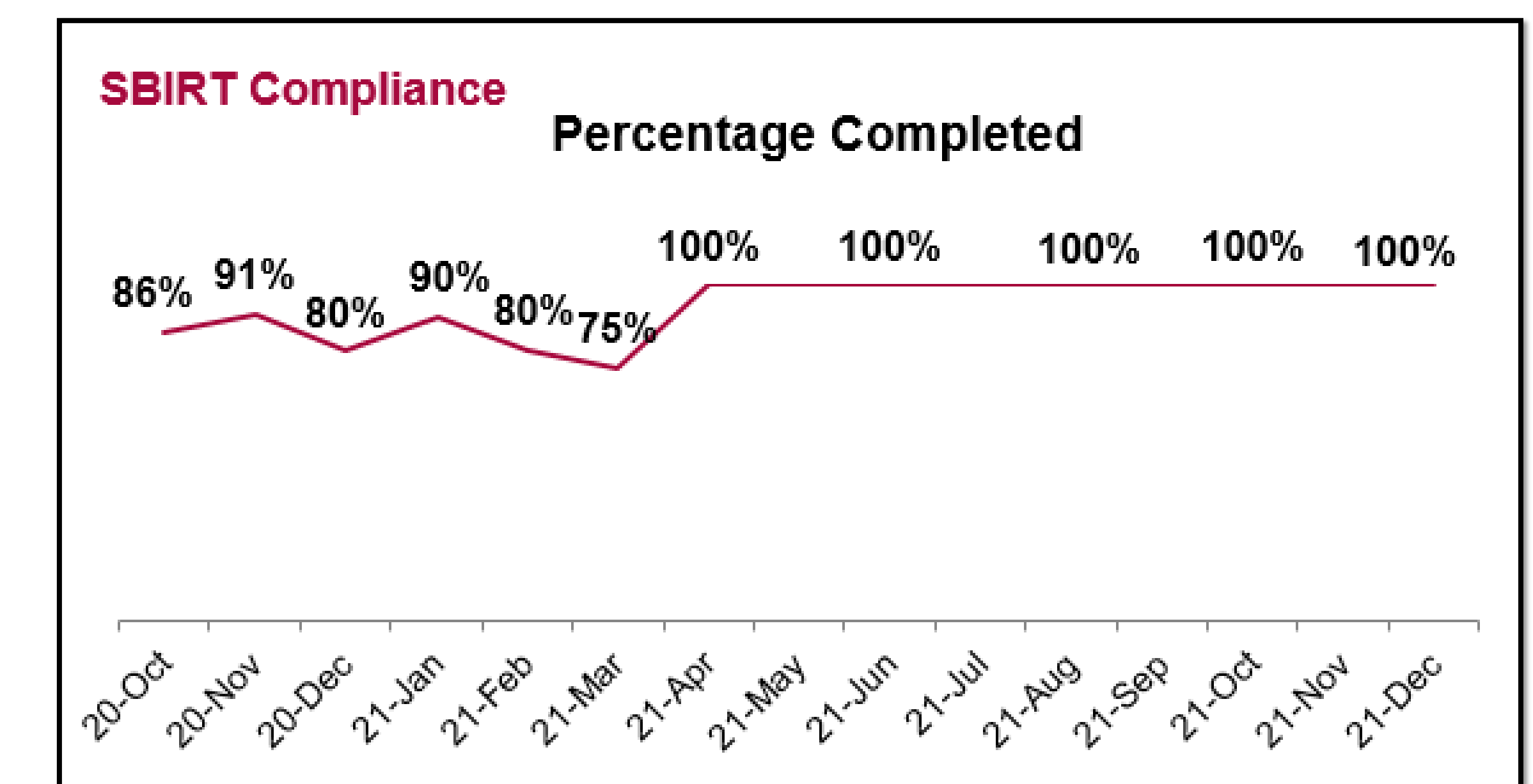
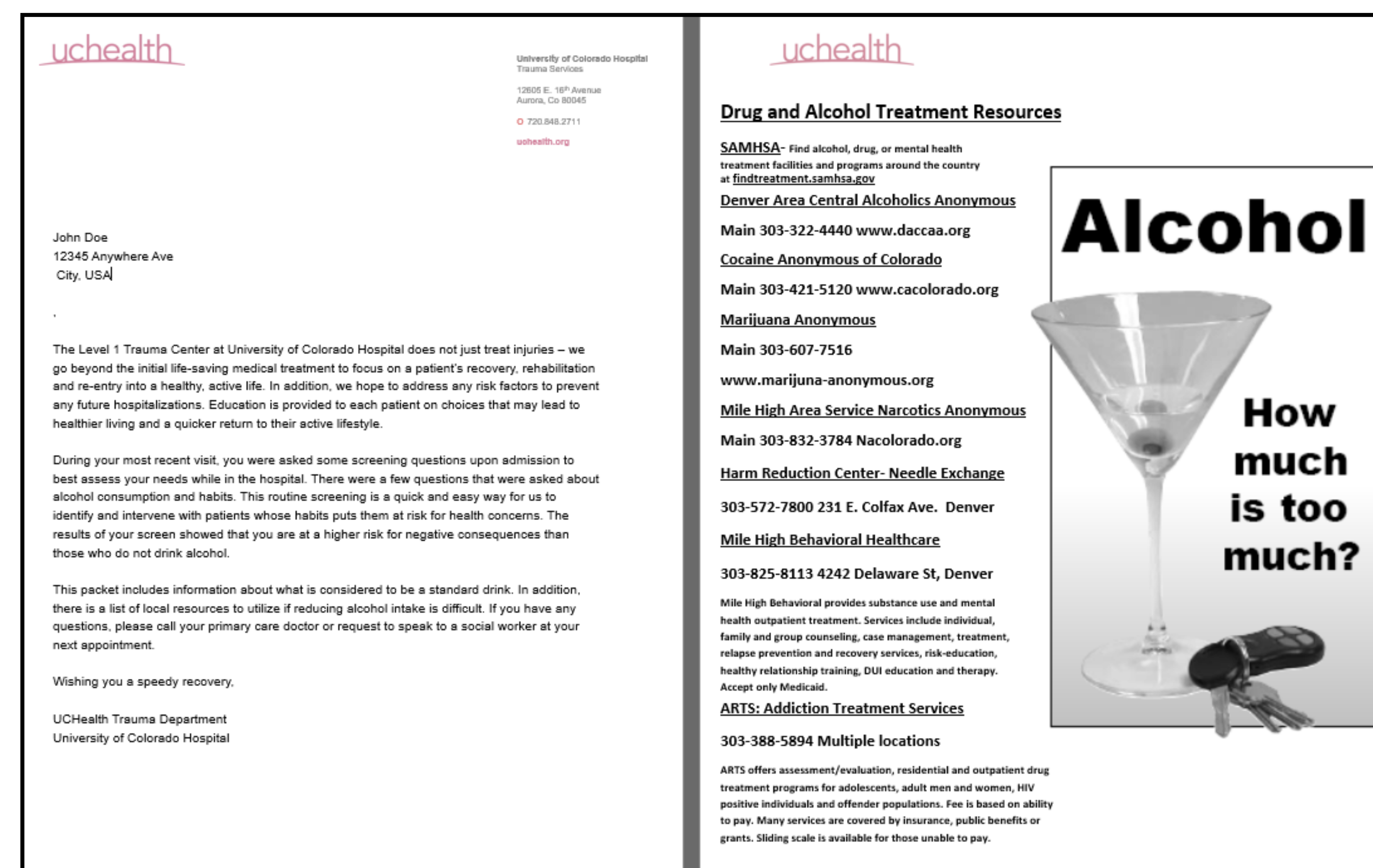
- More than 93,000 Americans die from alcohol use annually and excessive drinking is the leading cause of preventable death from alcohol (Esser et al., 2020).
- In Colorado, there are 5 deaths per day from excessive drinking (Hughes, personal communication, October 25, 2021).
- ACS previously required Screening Brief Intervention and Referral to Treatment (SBIRT) with all admitted patients who screen positive receiving an intervention; however, ACS recently updated this rule to require 80% of admitted patients receive intervention after positive alcohol abuse screen.
- SBIRT includes an in-person, motivational interviewing technique performed by the social work (SW) team at our level I trauma center, however, it is not always feasible for the team to see the patient prior to discharge.

INTERVENTIONS

- Education and training of SW staff but challenges ensued related to staffing, COVID19 and need for timely discharge
- Development of a post-discharge intervention process in April 2021
 - Letter generated by trauma program with self-assessment and resources
 - LCSW record review for validation of need for intervention
 - Letter is mailed within 30 days of discharge

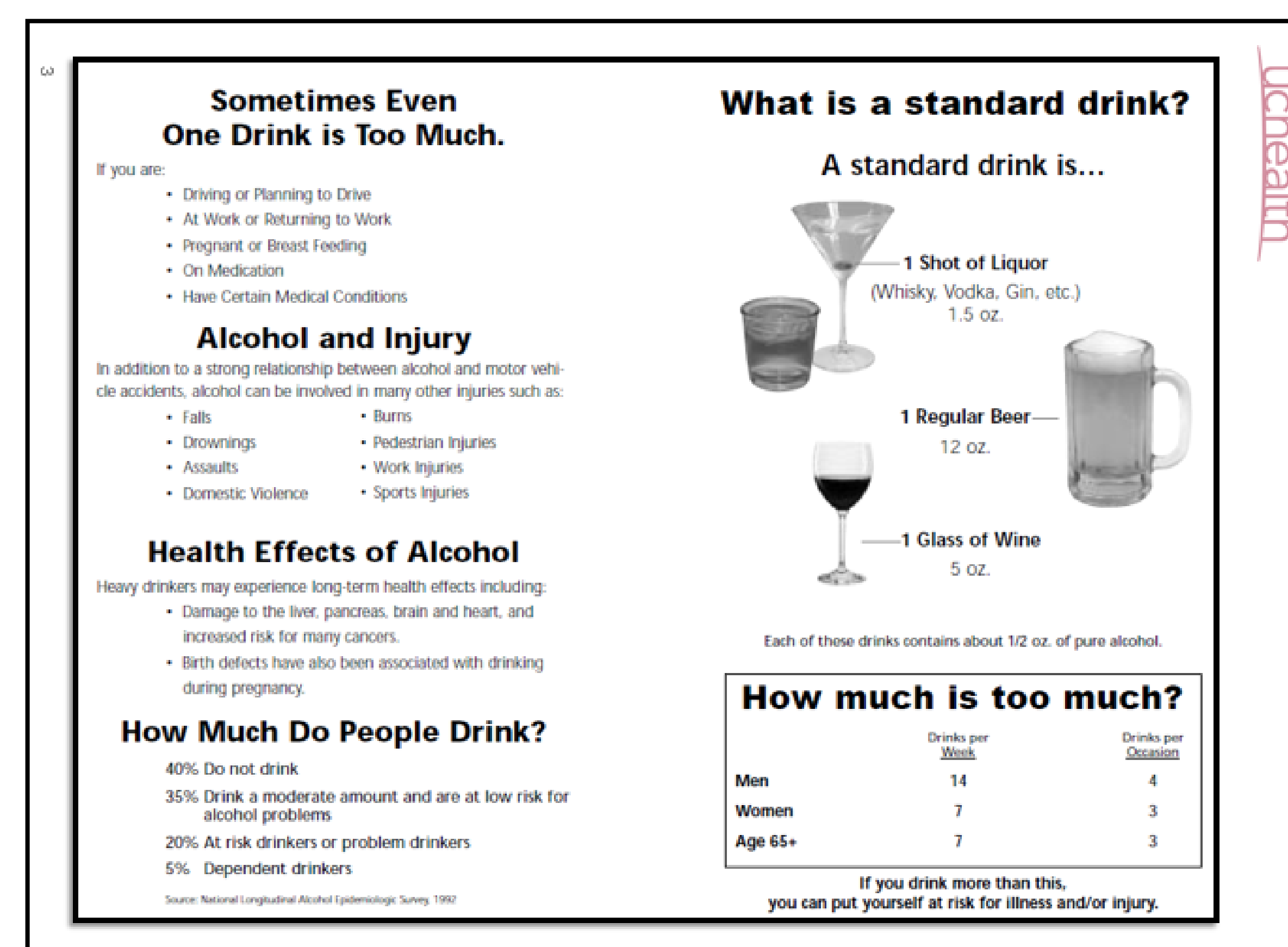
DISCUSSION / NEXT STEPS

- Although staff were screening more than 90% of patients for alcohol abuse, the SW team was not able to see all patients prior to discharge and perform an intervention.
- All patients now receive either motivational interviewing or a self-assessment letter.
- Letter is cost-effective and takes limited time to produce.
- Although self-assessment model is not as ideal as motivational interviewing, it is a technique that still offers benefit (Turner, 2020).
- Next steps are to gain IRB approval and perform follow-up interviews and alcohol-abuse assessments to determine the effectiveness of the post-discharge, self-assessment model.



OBJECTIVES

- Understand the prevalence of alcohol use in the trauma patient.
- Identify pitfalls trauma centers face trying to perform SBIRT.
- Describe novel, evidence-based ways to provide interventions.



References

Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse*, 28(3), 7-30. https://doi.org/10.1300/J465v28n03_03

Dang, E., Hungerford, D., & Cheal, N. (2015). A step-by-step guide for implementing alcohol screening & brief intervention in primary care: Pilot & evaluation in three U.S. settings. *Addiction Science & Clinical Practice*, 10(S2), O37-O37. <https://doi.org/10.1186/1940-0640-10-S2-O37>

Esser, M. B., Sherk, A., Liu, Y., Naimi, T. S., Stockwell, T., Stahre, M., Kanny, D., Landen, M., Saitz, R., & Brewer, R. D. (2020). Deaths and years of potential life lost from excessive alcohol use — united states, 2011–2015. *Morbidity and Mortality Weekly Report*, 69(30), 981-987. <https://doi.org/10.15585/mmwr.mm6930a1>

Hughes, K. (personal communication, October 25, 2021). *SBIRT Training Webinar* [Webinar]. Peer Assistance Services, Inc. 2021.

Turner, C. (2020). *The clinician's guide to alcohol moderation: Alternative methods and management techniques*. Routledge.