Happy Hour: Trauma Patient Specific Rounding Tool Increases SBIRT Compliance and Education

Brandon Todd, RN, Jordan Rahm, BA, Darrell L. Hunt, MD, PhD, FACS

**Objective**

To determine if a trauma patient-specific, electronic medical record (EMR)-generated nurse’s rounding tool improves compliance with screening, brief intervention and referral for therapy (SBIRT) for injured patients.

**Background**

- Alcohol use or intoxication is a contributing etiology for many injuries sustained by trauma patients
- To identify patients at risk for alcohol use disorder, the ACS-COT recommends the use of screening, brief intervention, and referral for treatment (SBIRT) programs [1]
- While SBIRT programs have proven to be effective in reducing alcohol-related injuries, their successful implementation is often difficult

**Results**

- SBIRT compliance increased from 72% in the fourth quarter of 2017 to 97% in the fourth quarter of 2018 and remained above the 80% minimum ACS-COT requirement from the first quarter of 2018 to present values
- Delivery of alcohol use disorder education improved from 30% in the fourth quarter of 2017 to 98% in the fourth quarter of 2020 and 100% in the second quarter of 2021

**Discussion/Conclusion**

- It is necessary for all admitted trauma patients involved in alcohol-related high-risk behavior to be identified and then offered appropriate resources for their psycho-social needs in an effort to prevent future injuries and reduce recidivism
- In combination with daily multidisciplinary rounds, this nurse’s rounding tool provides real-time feedback regarding important opportunities in patient care and contemporaneous evaluation of trauma-specific concerns including screening for alcohol use disorder

**Methods**

- **Population:** All patients admitted to Trauma Services
- **Time Period:** Q2 2017 - Q3 2021
- **Primary Outcomes:**
  1. % Patients SBIRT screened
  2. % Patients Alcohol Use Disorder Educated

**References**