Advancing Nurses’ Knowledge and Skills to Address Substance Use in an Ambulatory Care Center

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Background
- Globally, there are 31 million people with a reported substance use disorder.
- Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidenced-based practice (EBP) to identify and address problem substance use based on risk.
- Health care providers in general have not been educated about how to screen and manage patients with substance use by using EBPs.
- Nurses can play a key role in moving knowledge to action.

Purpose and Aims
The purpose of this project was to evaluate an online educational program on SBIRT among ambulatory care nurses with the aim to:
1. Increase in SBIRT-related knowledge
2. Determine the need for future SBIRT education
3. Identify facilitators for and barriers to future SBIRT implementation

Intervention
- A 7-module, self-paced online program, Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Healthcare Providers,6 was used in this project.

Methods
- Design: Single group pre-test post-test design
- Setting: Five ambulatory care departments at a Federally Qualified Health Care facility
- Sampling: Convenience sample of nurses
- The project was deemed quality improvement and was exempt from review by the Institutional Review Board (IRB).

Results

<table>
<thead>
<tr>
<th>Theme</th>
<th>Barriers</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>“Time constraint”</td>
<td>“Provide time”</td>
</tr>
<tr>
<td></td>
<td>“Time allocated per visit”</td>
<td>“Set up as standard work flow”</td>
</tr>
<tr>
<td>Education</td>
<td>“Need for more inperson training”</td>
<td>“More education”</td>
</tr>
<tr>
<td></td>
<td>“Certification”</td>
<td>“Training to all staff”</td>
</tr>
<tr>
<td>Resources</td>
<td>“Limited referral resources”</td>
<td>“Adding more staff”</td>
</tr>
<tr>
<td></td>
<td>“Referral to substance abuse programs are limited”</td>
<td>“Referral resources information”</td>
</tr>
<tr>
<td>Receptivity</td>
<td>(Provider and patient)</td>
<td>“Not feeling confident enough”</td>
</tr>
<tr>
<td></td>
<td>“Patient cooperation”</td>
<td>“Willingness/buy-in of some providers”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Support by administration”</td>
</tr>
<tr>
<td>Inter-professional Collaboration</td>
<td>“No Warm hand-off”</td>
<td>“Warm hand-off should be practice”</td>
</tr>
<tr>
<td></td>
<td>“Organizing assessment process with other members of the team”</td>
<td>“Building a team to take care of substance abuse pt”</td>
</tr>
</tbody>
</table>

Conclusions
- It was feasible to deliver this online SBIRT program to nurses in a busy ambulatory care facility.
- Implementation of this online program increased SBIRT-related knowledge in nurses at this facility.
- Confidence levels to screen for alcohol and drug use were high after the intervention.
- Five common themes emerged as facilitators to the barriers for SBIRT implementation.
- Expansion of this project to other ambulatory care clinics and other healthcare professionals is warranted.

References

Acknowledgments
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