

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 disorder¹
- Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidenced-based practice (EBP) to identify and address problem substance use based on risk^{2,3,4}
- Health care providers in general have not been educated about how to screen and manage patients with substance use by using EBPs⁵
- 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) To increase 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 Healthcare facility
- Sampling: Convenience sample of nurses
- The project was deemed quality improvement and was exempt from review by the Institutional Review Board (IRB)

Results

Baseline Characteristics (N=40)	n (%)
Gender	
Male	7(17.5)
Female	32 (80)
Race	
White (non-Hispanic)	2 (5)
African American	5 (12.5)
Hispanic or Latino	9 (22.5)
Asian	22 (55)
Two or more races	2 (5)
Age – mean (± SD)	46.1 (±13.2)
Experience in years – mean (± SD)	17.7 (± 12.8)
Prior SBIRT education	
None	18 (45)
2 hours or less	8 (20)
2-4 hours	7 (17.5)
4 or more hours	7 (17.5)

1. Increase in SBIRT-related knowledge

Mean Pretest and Posttest SBIRT Knowledge Scores (N=40)

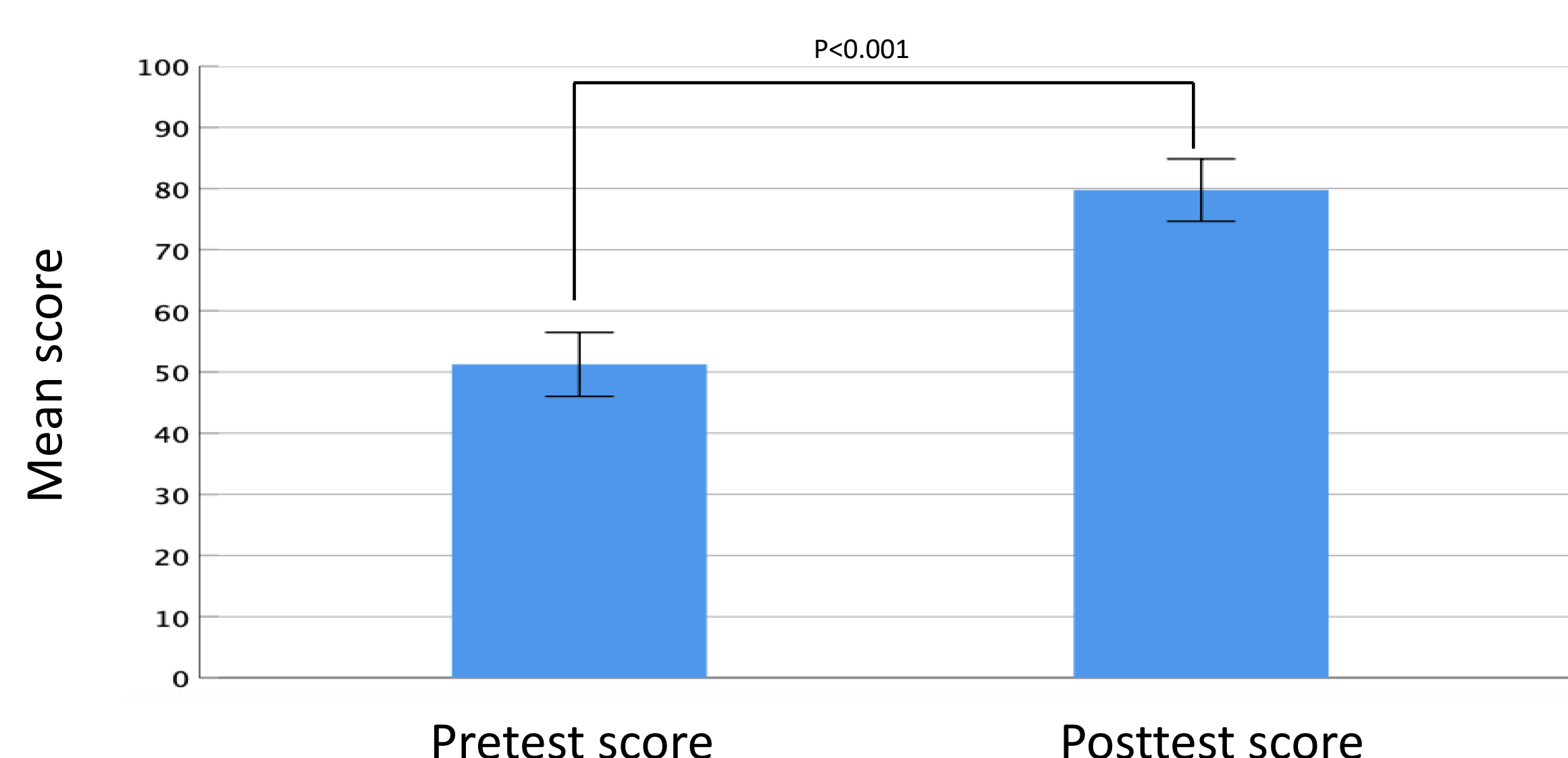


Figure 1. The Wilcoxon Signed Rank Test was used for analysis

References

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Results

2. Need for future SBIRT education

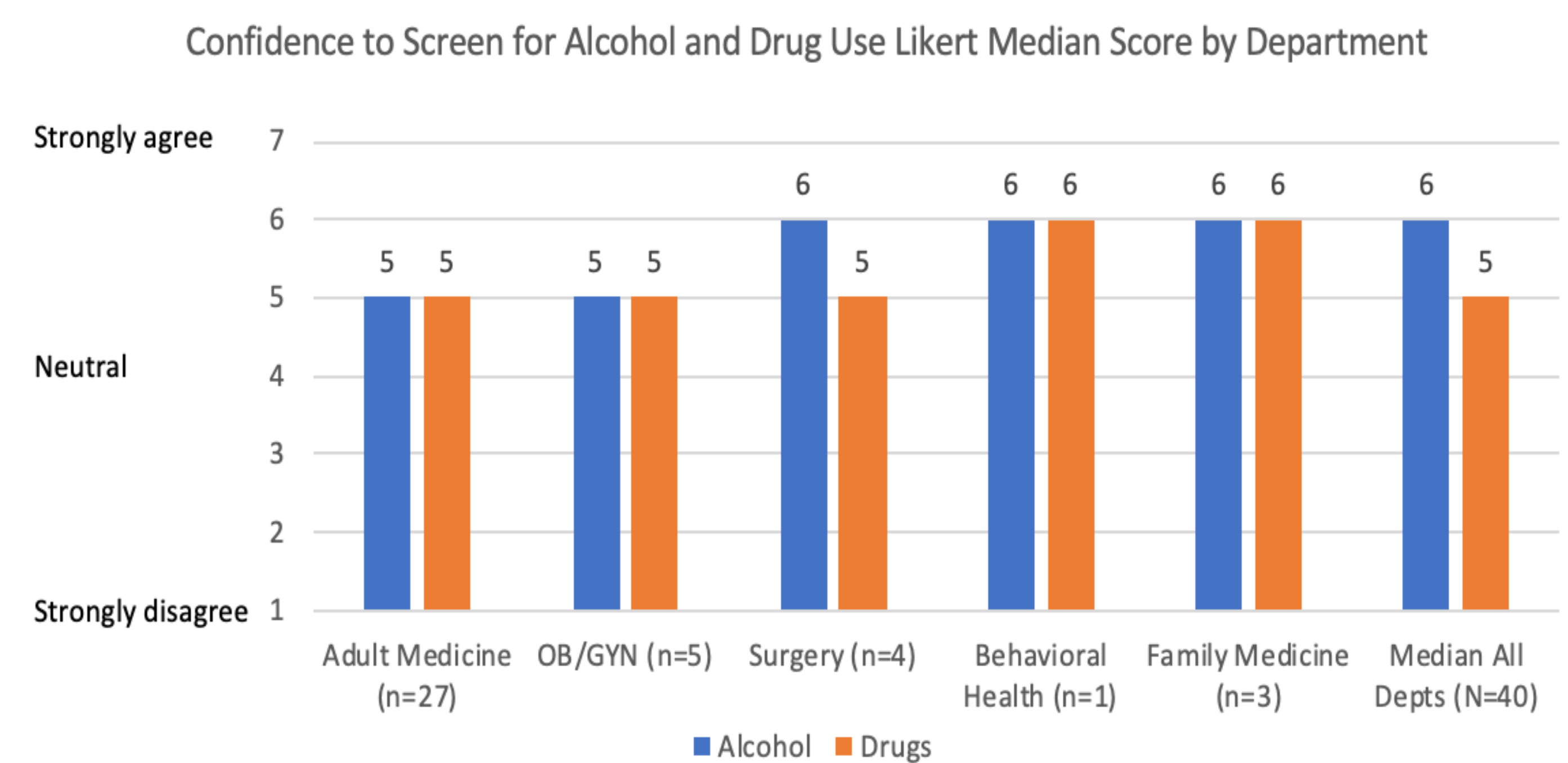


Figure 1. Screening confidence statement for alcohol and drug use. Alcohol statement: I am confident that I could screen patients for alcohol use. Drug statement: I am confident that I could screen patients for drug use. Note: A seven-point Likert style questionnaire was used from strongly disagree to strongly agree. OB/GYN=obstetrics/gynecology, depts=departments.

3. Facilitators and barriers to SBIRT implementation thematic analysis⁷ with themes and exemplar quotes

Theme	Barriers	Facilitators
Time	<ul style="list-style-type: none"> • “Time constraint” • “Time allocated per visit” 	<ul style="list-style-type: none"> • “Provide time” • “Set up as standard work flow”
Education	<ul style="list-style-type: none"> • “Need for more inperson training” • “Certification” 	<ul style="list-style-type: none"> • “More education” • “Training to all staff”
Resources	<ul style="list-style-type: none"> • “Limited referral resources” • “Referral to substance abuse programs are limited” 	<ul style="list-style-type: none"> • “Adding more staff” • “Referral resources information”
Receptivity (Provider and patient)	<ul style="list-style-type: none"> • “Not feeling confident enough” • “Patient cooperation” 	<ul style="list-style-type: none"> • “Willingness/buy-in of some providers” • “Support by administration”
Inter-professional Collaboration	<ul style="list-style-type: none"> • “No Warm hand-off” • “Organizing assessment process with other members of the team.....” 	<ul style="list-style-type: none"> • Warm hand-off should be practice” • “Building a team to take care of substance abuse pt”

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



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