Improving Opioid Risk Assessment in Post-Surgical Patients Utilizing an Educational Intervention for Nurses

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Introduction

- Post-surgical patients receiving opioid pain medications are at greater than average risk for opioid misuse and related complications.[2]
- Yet, standardized screening for opioid-related risk factors such as substance use using a formal screening tool remains an uncommon practice in most hospital centers.[3,4]
- Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive set of evidence-based strategies that enables identification of at-risk individuals for the purposes of intervening accordingly to reduce use and/or associated harms.[5,7]
- While SBIRT has been well-studied in the outpatient and primary care setting, there is a gap in the literature regarding is use in the acute care setting.[5]

Purpose

Implement and evaluate the use of an educational training on SBIRT to increase nurses' knowledge, confidence, and likeliness of using SBIRT in the screening and management of patients across two post-surgical units at a large mid-Atlantic medical center.

Aims

1. Improve nurses' knowledge, preparedness, confidence, and likeliness of using SBIRT over a 12-week period as measured using a pre and post-intervention survey
2. Increase staff nurses' self-reported utilization of SBIRT to identify and intervene with individuals at risk for SUD in their daily practice.
3. Assess for the sustained application of knowledge as measured by a one-month post-intervention survey.

Methods

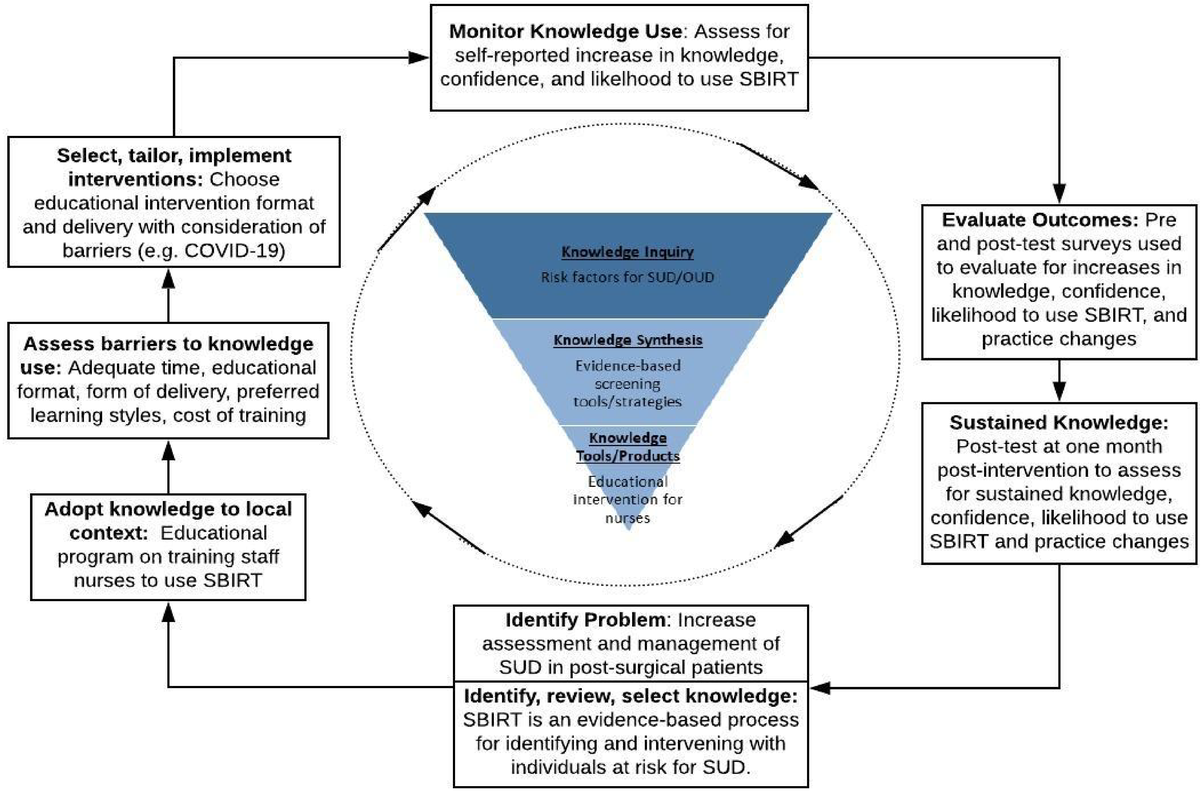

Figure 1. Application of the KTA framework. Adapted from Graham et al. (2006).[8]

Results

- 15 participants enrolled by completing the pre-survey.
- 6 participants started the educational intervention.
- Total of 4 participants completed the intervention and the post-survey.
- Increases seen from pre- to post-intervention in all three domains of preparedness, likeliness, and confidence in using SBIRT.

Table 2. Pre- and Post-Survey Pooled Data

	Mean		Median		Difference (Post – Pre)	
Domain	Pre	Post	Pre	Post	Mean	Median
Preparedness	17.0	24.0	19.5	23.0	7.0	3.0
Likeliness	20.75	22.75	21.0	21.0	2.0	0.5
Confidence	19.25	25.0	19.0	24.5	5.75	6.0

Conclusions

The SBIRT training successfully increased participant scores for knowledge, confidence, and likeliness of using SBIRT in their practice to assess for substance use disorder. Further study with more participant data is required to determined whether this translates to actual increased utilization of SBIRT in terms of number of patients screened.

***References** available upon request.