an Educational Intervention for Nurses

Improving Opioid Risk Assessment in Post-Surgical Patients Utilizing Sherry Chen, BSN, RN, Miki Goodwin, PhD, RN, NEA-BC, FAAN, Deborah Finnell, DNS, CARN-AP, FAAN

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

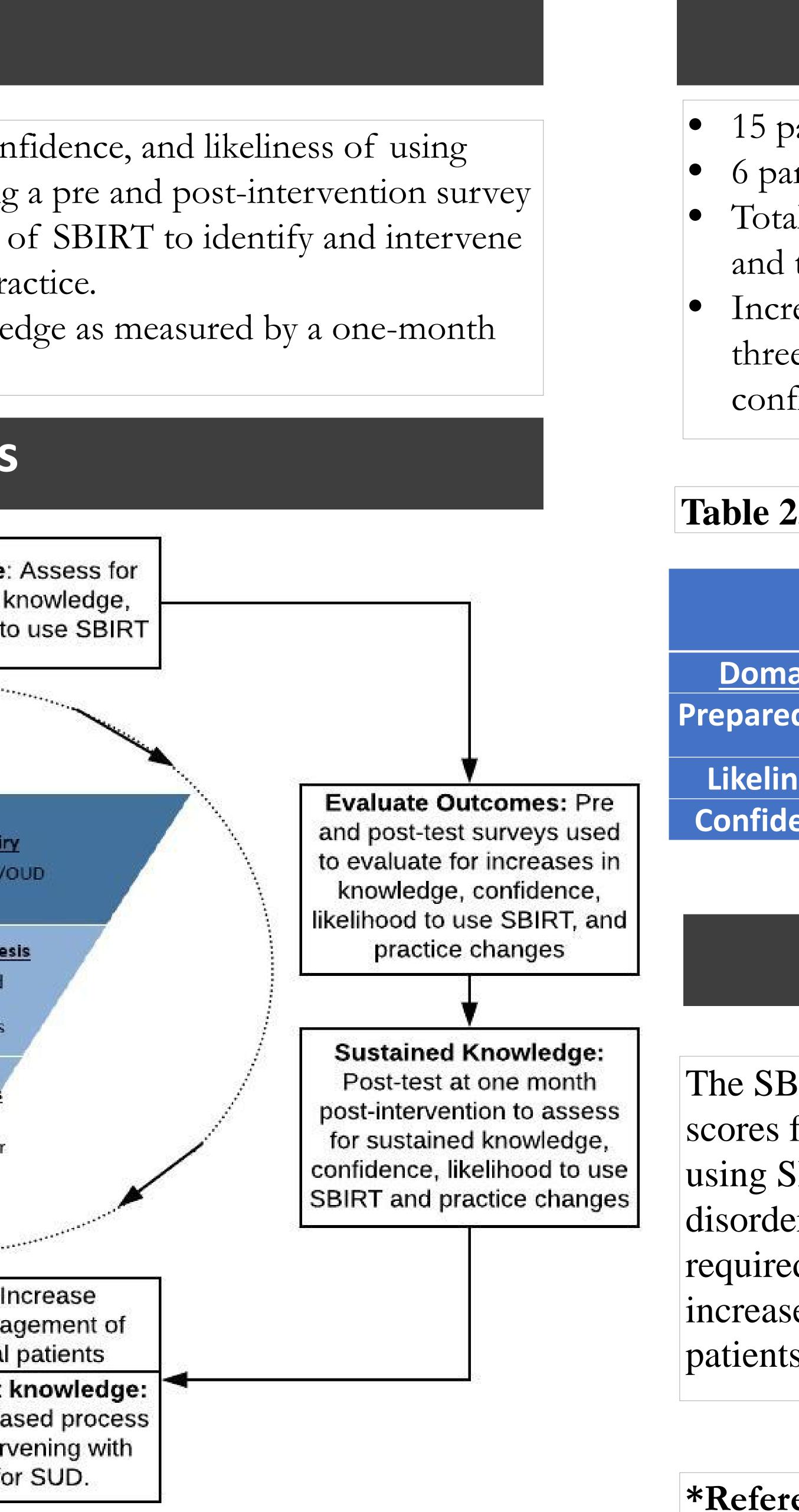
Implement and evaluate the use of an educational training on SBIRT to increase nurses' knowledge, confidence, and likeliness of using SBIRT in the screening and management of patients across two post-surgical units at a large mid-Atlantic medical center.



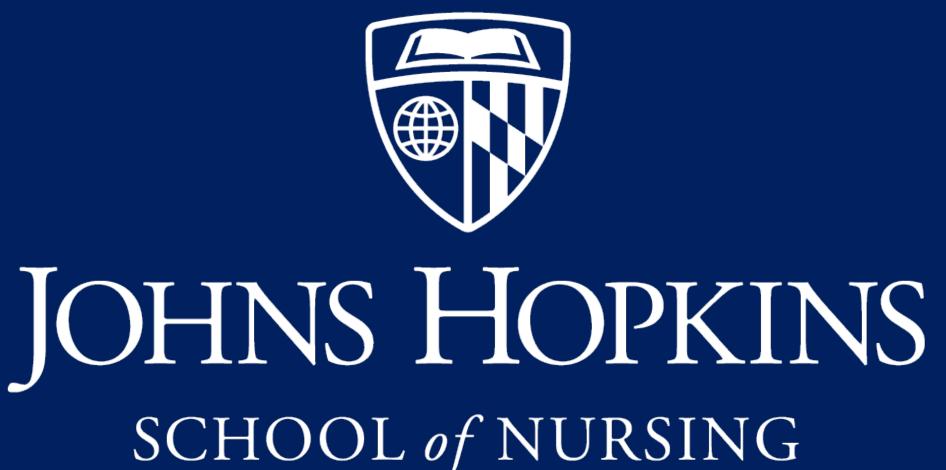
Aims

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 Monitor Knowledge Use: Assess for self-reported increase in knowledge, confidence, and likelhood to use SBIRT Select, tailor, implement interventions: Choose educational intervention format and delivery with consideration of barriers (e.g. COVID-19) Knowledge Inquiry Risk factors for SUD/OUD **Knowledge Synthesis** Assess barriers to knowledge use: Adequate time, educational **Evidence-based** screening format, form of delivery, preferred tools/strategies learning styles, cost of training Knowledge Tools/Products Educational Intervention for Adopt knowledge to local nurses context: Educational program on training staff nurses to use SBIRT Identify Problem: Increase assessment and management of SUD in post-surgical patients Identify, review, select knowledge: SBIRT is an evidence-based process for identifying and intervening with individuals at risk for SUD.

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.

| | <u>Mean</u> | | <u>Median</u> | | <u>Difference</u> (Post – Pre) | |
|-------|-------------|-------|---------------|------|-----------------------------------|--------|
| ain | Pre | Post | Pre | Post | Mean | Median |
| dness | 17.0 | 24.0 | 19.5 | 23.0 | 7.0 | 3.0 |
| less | 20.75 | 22.75 | 21.0 | 21.0 | 2.0 | 0.5 |
| ence | 19.25 | 25.0 | 19.0 | 24.5 | 5.75 | 6.0 |

Table 2. Pre- and Post-Survey Pooled Data

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.