


THE UNIVERSITY OF TENNESSEE
MEDICAL CENTER


Wisdom for Your Life.

SBIRT: SOCIALWORK BREAKTHROUGH INTEGRATING RATIONAL TOOLS


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Our Mission
To serve through healing,
education and discovery




AMERICAN COLLEGE OF SURGEONS
Verified Trauma Center



MAGNET
RECOGNIZED
AMERICAN NURSES
ACCREDITATION CENTER




Tennessee
Center
for Performance
Excellence
2016 EXCELLENCE
AWARD



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Learning Objectives:

1. How to implement a screening, brief intervention and referral to treatment (SBIRT) program.
2. Best practices for utilizing an SBIRT Coordinator.



SBIRT
SCREENING, BRIEF INTERVENTION,
AND REFERRAL TO TREATMENT


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The University of Tennessee Medical Center
Academic Medical Center
Located in Knoxville, Tennessee


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UT Medical Center




Level I Adult Trauma Center State Designated and ACS Verified

- Annual Trauma Volume over **6,800**
- Annual Trauma Admissions **4,500**
- Referral region of **21** counties
- Total beds: **656**, ICU: **147**, Trauma ICU: **23**
- **9** Trauma Surgeons with a general surgery residency program



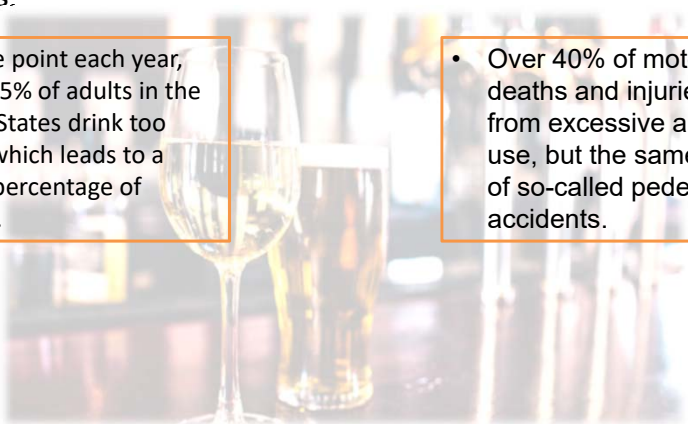
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Background




Level I and Level II trauma centers are now required to have a mechanism to identify patients whose drinking is unhealthy, and Level I centers must have the capacity to help these patients.

- At some point each year, about 25% of adults in the United States drink too much, which leads to a higher percentage of injuries.
- Over 40% of motor vehicle deaths and injuries result from excessive alcohol use, but the same is true of so-called pedestrian accidents.

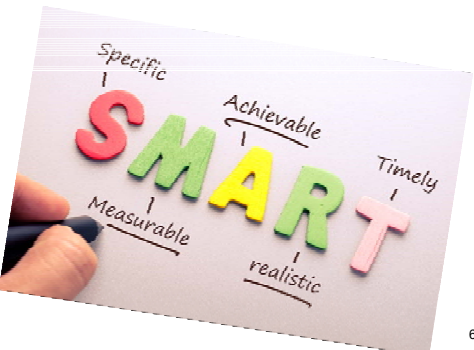


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SBIRT Program Goals




- To screen 80% of all admitted trauma patients.
- Complete brief interventions on 100% of patients with positive screens.
- Ready for the fun part?

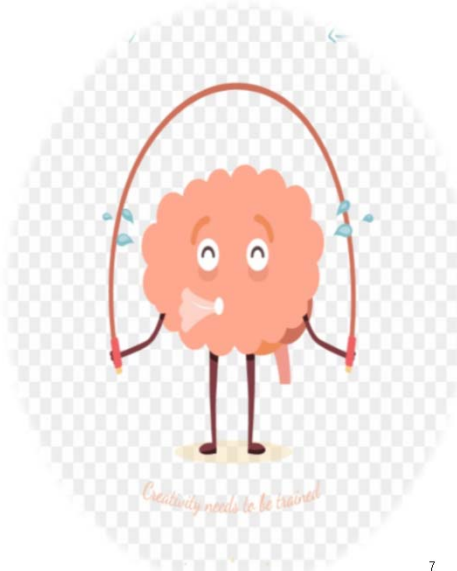


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The Process




- In 2017, ACS required a mechanism to screen 80% of trauma patients for risky alcohol use.
- Trauma Services looked for funding opportunities and submitted proposals focused on alcohol impaired crashes.
- Partnerships were made and SBIRT training took place!




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The Process (continued)



- Grant funds were received.
- Then believe it or not, ACS knew just what the program needed.
- Adequate funding? Full time SBIRT coordinator? What else can aid in the growth of this program?
- It doesn't get much better, right? Wrong.




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Screening Tools

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It can be easy for medical practitioners to identify a patient that is addicted to drugs or alcohol based on physical and behavioral symptoms:



- Alcohol cessation
- Withdrawal seizures
- Hallucinations
- Delirium Tremens
- Aggression
- Emotional dysregulation

Universal Screening Tools.

Identifies Hazardous drinkers.

That medical practitioners often fail to identify.

CAGE + Consumption Questions

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CAGE:

1. Have you ever felt you should **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had an **E**ye opener first thing in the morning to steady nerves or get rid of a hangover?

Consumption:

1. On average, how many days per week do you have a drink containing alcohol?
2. On a typical day when you drink alcohol, how many drinks do you have?
3. How many times in the past year have you had x (x=5 for men; x= 4 for women) or more drinks in a day?

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SBIRT:
SOCIALWORK BREAKTHROUGH
INTEGRATING RATIONAL TOOLS

SBIRT Screening Note

This screening method combines 3 alcohol consumption questions that identify a patient's current drinking pattern with the CAGE questionnaire. The CAGE utilizes 4 questions to identify patients with alcohol dependence syndrome

Do you consume alcohol? Yes No Unable to screen due to GCS

Have you ever experimented with drugs? Yes No Unable to screen due to GCS

CAGE Questions:

Have you ever felt you should cut down on your drinking? Yes No

Have people annoyed you by criticizing your drinking? Yes No

Have you ever felt bad or guilty about your drinking? Yes No

Have you ever had an eye opener first thing in the morning to steady nerves or get rid of a hangover? Yes No

Positive?

Consumption Questions:

On average, how many days per week do you have a drink containing alcohol?

On a typical day when you drink alcohol, how many drinks do you have?

How many times in the past year have you had x (x=5 for men, x= 4 for women) or more drinks in a day?

Positive?

Notes

The patient is considered positive if:
The patient answers "Yes" to 2 or more of the CAGE questions
AND/OR
The response to Consumption Question 3 is more than 7.
If the patient is positive for one section and not the other, the patient is POSITIVE

SBIRT Consultation Note

The patient was given a SBIRT CAGE and Consumption in which the patient scored positive for (high, harmful, dependent) risk alcohol use.

OPTIONAL: The patient expressed an unwillingness to discuss and visit was concluded

In discussing this issue, the advice was given that the patient:

Abstain
 Cut back to no more than 4 drinks in one day or no more than 14 drinks per week
 Cut back to no more than 3 drinks in one day and no more than 7 drinks per week
 Other:

Patient's readiness to change on a scale of 1-10 was:

We explored the patient's readiness to change score and discussed the patient's own motivation for change. The patient agreed that they should:

Cut back to advised daily and weekly limits
 Abstain from use
 Other:

We agreed that the patient would benefit from:

Participation in a 12 step program
 Referral to
 Other:


In total, minutes of personal time was spent reviewing and interpreting the screen, plus performing a brief intervention.

Consult/Visit Note

Segoe UI 9


Two Different Types of Social Workers: Macro & Micro (Clinical)

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How many Social Workers does it take to change a lightbulb?

One. But the lightbulb has to WANT to change.



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WRITES GRANT ON BUILDING RAPPORT

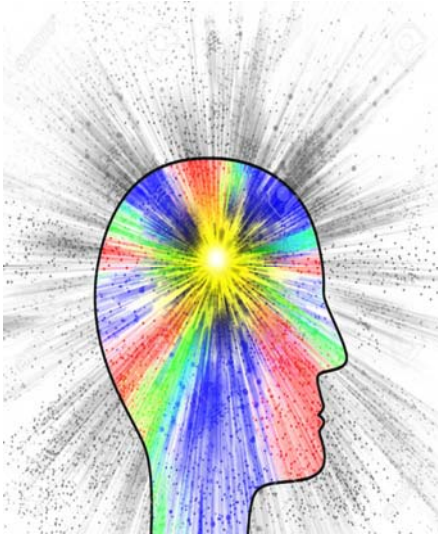
True Story

HASN'T TALKED TO A HUMAN IN DAYS

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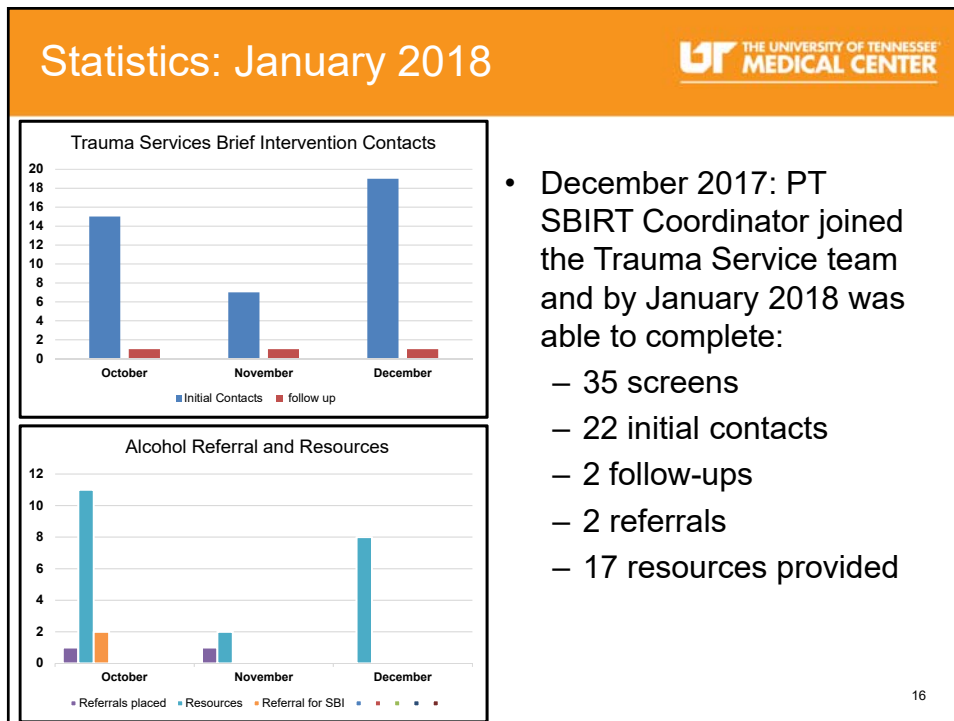
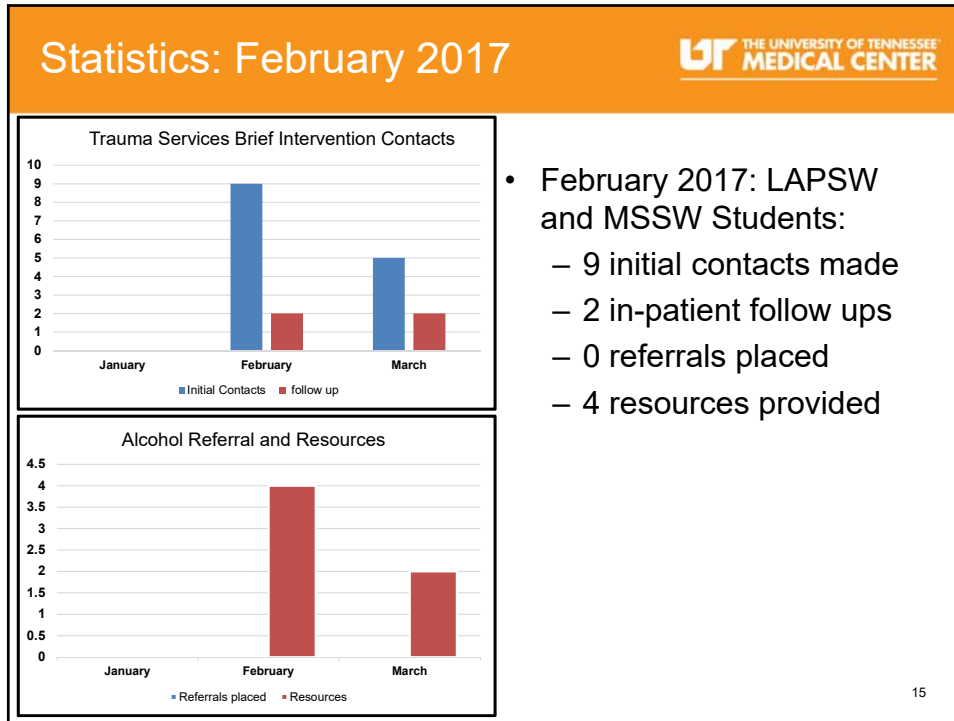
Grants, Funding and Program Security

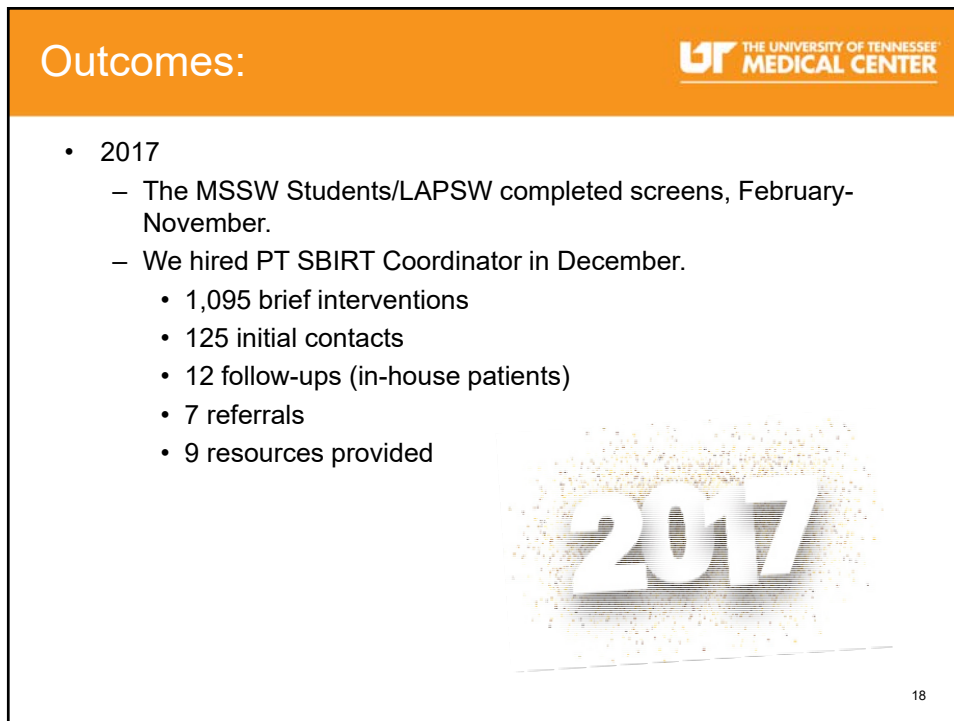
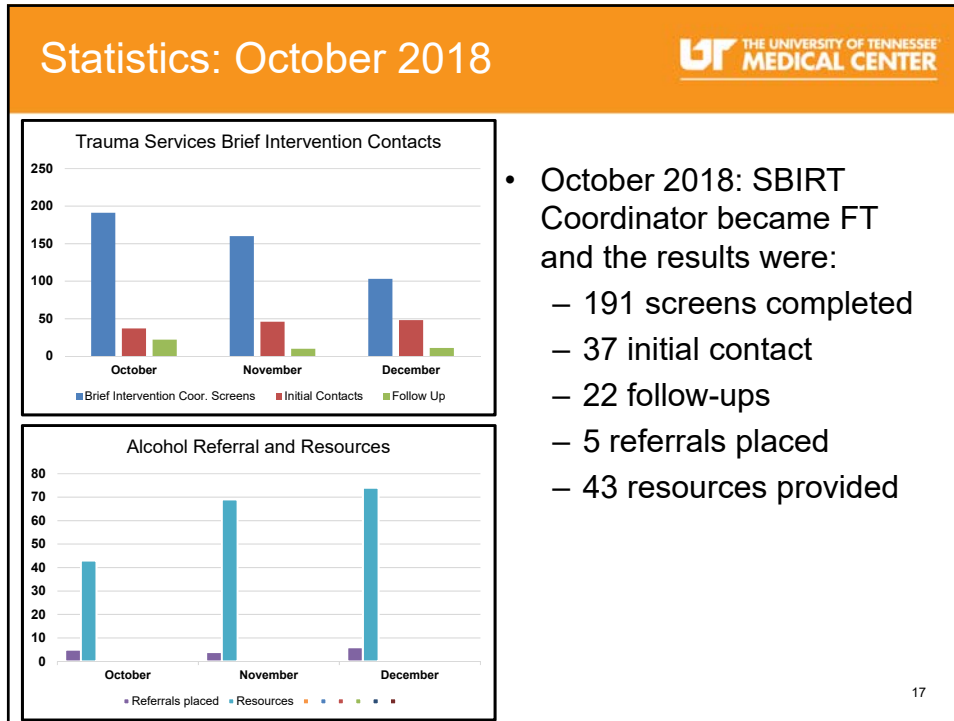
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- Funding:
 - A state grant
 - A gift fund
- Our LAPSW is always looking to diversify funding and search for opportunities for local funding.


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Outcomes: 


- 2018
 - The current SBIRT Coordinator became FT in October.
 - Trainings were offered to over 40 Advance Care Practitioners.
 - 2,497 brief interventions
 - 339 initial contacts
 - 73 follow-ups
 - 24 referrals
 - 355 different types of resources provided



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Pros and Cons 

- Pros:
 - Building internal and external partnerships.
 - Helping patients find treatment to fit their needs.
 - Exploring the patient's biopsychosocial needs and connecting them to the community.
- Cons:
 - Hiring an SBIRT Coordinator.
 - Getting the medical team on board with the program.
 - Searching, applying and getting approved for funding.




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Lessons Learned

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- Lessons Learned:
 - The CAGE and consumption are formulated based on closed ended questions.
 - It was difficult to build rapport with patients in such a short time frame.
 - For best practice we focus on utilizing motivational interviewing.




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Tips for an SBIRT Program


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Starting a new program is similar to a relationship...

The Beginning



The Middle
FIRST DATE



The End

- 2 “relationships” (funding applications)
- A couple of “hopeless romantics” (partnerships)
- Some crazy “learning experiences” (SBIRT trainings)
- Finally you found the one, an understanding, determined, social....SBIRT Coordinator!

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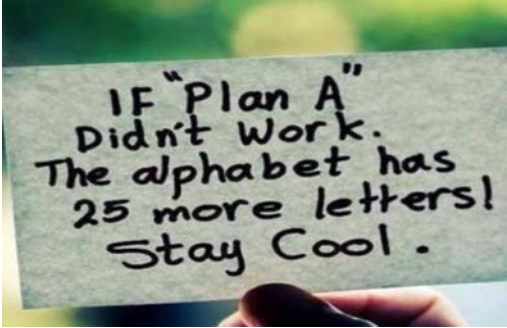
Thank You!
Questions?



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