EDITORIAL

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Bedside nursing: Screening, Brief Intervention, and Referral to Treatment

Enfermagem no leito: Rastreio, Intervenção Breve e Encaminhamento para Tratamento

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Globally, alcohol misuse is associated with a higher risk of medical complications and contributes to approximately one in 20 deaths (5.3%) annually (World Health Organization, 2022). Individuals who consume alcohol in unhealthy patterns often receive far less clinical attention than those diagnosed with severe alcohol use disorders. Importantly, the nursing profession encounters patients with alcohol-related medical complications from alcohol misuse and disordered use. Hospitalized patients with alcohol-related liver cirrhosis, cardiovascular problems, certain cancers, traumatic injuries, self-inflicted injuries, and babies born with Fetal Alcohol Spectrum Disorders are seen by nurses on a daily basis. Conservatively, due to provider detection issues, 5% to 30% of hospitalized patients in a general hospital setting can have complications related to substance misuse or disordered use (Serowik et al., 2020), and it is important to understand that many in our care are sensitive to shaming or judgmental attitudes (Hoover et al., 2022).

In the United States, the hospital trauma care system provides the most intensive surgical care at Level I Trauma Centers, where patients at the highest risk for imminent loss of life or limb due to injury are admitted. Initially, accredited Level I Trauma Centers were tasked with new standards from the American College of Surgeons – Committee on Trauma (ACS-COT, 2022) requiring alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) for trauma patients with drinking problems (ACS, 2014). Screening for risky alcohol use and disordered use began in earnest in U.S. trauma centers in 2006 to prevent or reduce recurrent alcohol-related injuries (ACS-COT, 2022). Estimates show that as many as 50% of patients admitted to a Level I Trauma Center have alcohol-related injuries (Gentilello et al., 1999). A large study of trauma patients with positive Post-Traumatic Stress Disorder (PTSD) screening scores at 25 trauma centers found that the percentage of alcohol and other drug comorbidities present ranged from 62% to 79% (Nguyen et al., 2022). In addition, alcohol was the most prevalent substance among the positive substance use indicators identified, with more than half (54.2%) having an alcohol comorbidity. Currently, new ACS Best Practice Guidelines (ACS-COT, 2022) highlight the effectiveness of SBIRT at the bedside and note that the SBIRT clinician can, when possible, be a dedicated position working alongside the multidisciplinary team screening for alcohol and other drugs. With almost two decades of clinical research in SBIRT, this editorial will provide a perspective of nurses conducting SBIRT at the bedside and a novel model of collaboration within a multidisciplinary surgical trauma team, particularly trauma surgeons, residents, fellows, and nurses, in collaboration with a licensed clinical addiction specialist counselor.

Nurses are on the frontline providing daily care to patients with alcohol- or other drug-related complications, such as injuries from a motor vehicle collision while driving impaired or a serious fall in the home while impaired. Clearly, the trauma patient with substance-related behavioral complications can, at times, test the medical team with issues beyond the standard surgical repair. At various times, nurses may also be tasked with providing SBIRT due to their frequent contact with patients.

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First, when screening patients for alcohol or other drugs, nurses benefit from a heightened awareness of their own attitudes toward alcohol, drug misuse, and stigma. A systematic review suggests that as many as 70% of healthcare providers often hold and exhibit negative stigmatizing behaviors toward individuals with misuse and use disorders (Johnston, 2022). Additional research with healthcare providers in five European countries supports the challenges and importance of addressing stigma as a key barrier to SBIRT, for example, with hypertensive patients (Hanschmidt et al., 2017). In a hospital setting, Hoover and colleagues (2022) found that experiences of stigma were particularly cyclical, perpetuated especially by providers who lacked knowledge about addiction or rapport-building approaches. Stigma-reducing education as seen in research with nursing students, for example, has been shown to effectively increase positive views of patients with use disorders (Johnston, 2022). Another hospital study noted benefits of stigma reduction by adding addiction specialists who demonstrated rapport-building, charting, and treatment approaches (Hoover et al., 2022). In addition, in a study conducted with nurses and other healthcare professionals caring for pregnant women and children with Fetal Alcohol Spectrum Disorders in the United Kingdom, Howlett and colleagues (2019) found marked needs for education as "stigma around alcohol use in pregnancy is an international issue" (p. 8).

Next, the role of the nurse and how nursing tasks can shift in SBIRT is discussed. For professionals in the provider role, there are many tasks involved in hospital care, such as taking vital signs, dispensing medications, wound care, and others. However, using motivational enhancement approaches often involves shifting from *doing for* the patient to *being present with* the patient. For example, motivational principles emphasize the importance of listening non-judgmentally, acting as a supportive listener rather than an *expert*, and reflecting rather than questioning to enhance motivation (Veach & Moro, 2018). Often, this may mean sitting at the bedside, focusing only on the screening – no other nursing tasks - and minimizing interruptions. The goal of alcohol screening is to open an exploration into drinking patterns, encourage curiosity about possible changes in those patterns, and make plans to support change if change is identified by the patient (Veach & Moro, 2018). The nurse, or any other professional conducting SBIRT, is not focused on diagnosing a use disorder, getting the patient to change use patterns, or scaring the patient into change.

Screening occurs when the patient is medically stable and, preferably, long after the alcohol or other drug use has been discontinued. The initial time, usually 1-4 minutes, is devoted to rapport-building, which is accomplished by listening and non-verbally attending (nodding, eye contact, smiling), and intentionally minimizing pre-screening questions (ACS-COT, 2022). The next important area includes reflecting with empathy such as: "You have been through so much these last few days/weeks/months" or "You sound understandably worried about how to get back to your job/home/family/children" – practicing reflection is an art that takes time to hone, similar to many nursing skills. Then, begin the transition to screening by affirming the person's concern for their own health. It may be helpful to state: "I hear you are worried about getting back to your job" or, "you mentioned goals about taking better care of your health". "One way to get a more complete picture of your health may be to explore your health in relation to your drinking patterns." Hospitalized patients share worries about being negatively labeled or told that they are *alcoholics* (Hoover et al., 2022). Another benefit of nurse screening involves explaining the limitations of screening; the session does not include the diagnosis. SBIRT works best when using a brief, validated screening tool. For alcohol, the Alcohol Use Disorders Identification Test (AUDIT), formulated in many different languages such as the Portuguese version of the Alcohol Use (Cardoso et al., 2022), the AUDIT-C (Bush et al., 1998), or the CAGE (Ewing, 1984) are recommended. Keep in mind this may be the first time the patient has shared such personal information with a nurse or other healthcare professional. Research suggests that the screening event alone has interventional aspects (McCambridge & Day, 2008). In addition, if the patient is describing hazardous drinking patterns, this may be the first of many sessions with a professional that they will have – this first screening sets the standard by which the patient may judge future therapeutic care. Hence our studies have shown the importance of attentive listening and the value of the AUDIT-interview format at the bedside of the traumatically injured patient (Veach et al., 2018). Next, implement the screening tool according to the instructions provided in the selected tool. After tabulating the score, ask the patient if they are open to learning about the score and related health feedback. At this point, depending on the health care setting, the assigned nurse may conduct the brief intervention or refer the person to the addiction specialist. A number of implementation studies continue to show a greater volume of screenings are conducted than brief interventions, even after SBIRT training (Rosário et al., 2021), thus, so considering the involvement of an addiction specialist is an option (ACS-COT, 2022).

Lastly, if the healthcare system is aligned with ACS-COT Best Practice Guidelines, the addiction specialist might be a healthcare professional who is a Board-Certified Addiction Medicine Physician or Addiction Psychiatry Physician, a Licensed or Certified Addiction Specialist Counselor, or other healthcare provider with extensive education and knowledge about substance misuse and disordered use (ACS-COT, 2022). Brief interventions are an important aspect of SBIRT, and evaluation of outcomes via follow-up is recommended. Options for reducing the cost of specialists may include partnering with academic medical centers – our program partnered with a professional counseling graduate program. A training program was then established for the clinical rotations of graduate counseling students. Students are on-site for 20 hours/week during the two semesters. Clinical training for professional counseling graduate students does not typically include paid internships, allowing the health system to expand SBIRT to more patients.

A part-time addiction specialist with advanced SBIRT experience provides intensive clinical supervision to several students. By having an SBIRT team of students and a supervisor conducting all facets of SBIRT, the nursing and surgical staff are key team members to support the connection of medical risks and substance concerns, yet do not have lead SBIRT responsibilities. Valuable coordination with nursing and medical providers occurs in daily treatment planning and further assists care through early identification of potential alcohol withdrawal complications, assistance with referral and discharge planning, and the desired expansion of SBIRT to multiple medical units within a large 800-plus bed hospital facility. Moreover, research funding will allow important studies to be conducted on the cost-effectiveness of this model of SBIRT while adding new knowledge to the field (McCall et al., 2022).
Helping patients explore their drinking or use patterns is encouraged globally through models of SBIRT, but conducting SBIRT at the bedside of hospitalized patients is less commonly used. Stigma, lack of SBIRT training and specialized knowledge are important factors to address, yet nurses are often asked to incorporate SBIRT into their care with few resources. Additional models of collaboration with addiction specialists are urgently needed to enhance the care of hospitalized patients with complications related to substance misuse or disordered use.

References

American College of Surgeons & Committee on Trauma. (2022). *Best practice guidelines: Screening and intervention for mental health disorders and substance use and misuse in the acute trauma patient.* https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf

Bush, K., Kivlahan, D. R., McDonell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. *Archives of Internal Medicine*, *158*(16), 1789–1795. https://doi.org/10.1001/archinte.158.16.1789

Cardoso, D. P., Oliveira, D., Antunes, B., Saraiva, R., Angus, K., Gallardo, E., & Rosário, F. (2022). Portuguese Validated Versions of the Alcohol Use Disorders Identification Test: A systematic review protocol. *Acta Medica Portuguesa*, *35*(4), 264–269. https://doi.org/10.20344/amp.15765

Ewing, A. (1984). Detecting alcoholism: The CAGE questionnaire. *JAMA, 252*(14), 1905-1907. https:// doi.org.10.1001/jama.252.14.1905

Gentilello, L. M., Rivara, F. P., Donovan, D. M., Jurkovich, G. J., Daranciang, E., Dunn, C. W., Villaveces, A., Copass, M., & Ries, R. R. (1999). Alcohol interventions in a trauma center as a means of reducing the risk of injury recurrence. *Annals of Surgery*, *230*(4), 473–483. https://doi.org/10.1097/00000658-199910000-00003

Hanschmidt, F., Manthey, J., Kraus, L., Scafato, E., Gual, A., Grimm, C., & Rehm, J. (2017). Barriers to alcohol screening among hypertensive patients and the role of stigma: Lessons for the implementation of screening and brief interventions in European Primary Care Settings. *Alcohol & Alcoholism, 52*(5),572-579. https://doi.org/10.1093/alcalc/agx032

Howlett H, Mackenzie S, Strehle E-M, Rankin J, Gray WK. A survey of health care professionals' knowledge and experience of Foetal Alcohol Spectrum Disorder and alcohol use in pregnancy. *Clinical Medicine Insights: Reproductive Health*. 2019;13. https://doi:10.1177/1179558119838872

Johnston, B. (2022). Identifying the assumptions and bias that affect screening and brief interventions for harmful alcohol use. *Journal of the American Psychiatric Nurses Association, 28*(1), 76-90. https://doi.org/10.1177/1078390321103694

McCall, M. H., Wester, K. L., Bray, J. W., Hanchate, A. D., Veach, L. J., Smart, B. D., & Morris, C. W. (2022). SBIRT administered by mental health counselors for hospitalized adults with substance misuse or disordered use: Evaluating hospital utilization and costs. *Journal of Substance Abuse Treatment*, *132*, 108510. https://doi.org/10.1016/j.jsat.2021.108510

McCambridge, J., & Day, M. (2008). Randomized controlled trial of the effects of completing the alcohol use disorders identification test questionnaire on self-reported hazardous drinking. *Addiction*, *103*(2), 241–248. https://doi.org/10.1111/j.1360-0443.2007.02080.x

Nguyen, J., Whiteside, L. K., Bulger, E. M., Veach, L., Moloney, K., Russo, J., Nehra, D., Wang, J., & Zatzick, D. F. (2022). Post-traumatic stress disorder (PTSD) symptoms and alcohol and drug use comorbidity at 25 US level I trauma centers. *Trauma Surgery & Acute Care Open*, *7*(1), e000913. https://doi.org/10.1136/tsaco-2022-000913

Rosário, F., Santos, M. I., Angus, K., Pas, L., Ribeiro, C., & Fitzgerald, N. (2021). Factors influencing the implementation of screening and brief interventions for alcohol use in primary care practices: A systematic review using the COM-B system and theoretical domains framework. *Implementation Science Journal, 16*(1), 1-25. https://doi.org/10.1186/s13012-020-01073-0

Serowik, K. L., Yonkers, K. A., Gilstad-Hayden, K., Forray, A., Zimbrean, P., & Martino, S. (2021). Substance use disorder detection rates among providers of general medical inpatients. *Journal of General Internal Medicine, 36*(3), 668-675. https://doi.org/10.1007/s11606-020-06319-7

Veach, L. J., Moro, R. R., Miller, P., Reboussin, B. A., Ivers, N. N., Rogers, J. L., & O'Brien, M. C. (2018). Alcohol counseling in hospital trauma: Examining two brief interventions. *Journal of Counseling & Development, 96*(3), 243-251. https://doi.org/10.1002/jcad.12199

Veach, L. J., & Moro, R. R. (2018). *The spectrum of addiction: Evidence-based assessment, prevention, & intervention across the lifespan.* SAGE.

World Health Organization. (2022). *Alcohol key facts.* https://www.who.int/news-room/fact-sheets/detail/alcohol