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KNOW YOUR RISK: PATIENT & STAFF PERSPECTIVES ON SUBSTANCE ABUSE SCREENING

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ASEM HOBART 2019

Background

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The ED represents **a frontline point of access** for people with acute behavioral disturbances and concurrent illicit drug use

The ED visit provides **a potential window of opportunity for screening, brief intervention and referral to treatment** (SBIRT)

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AIM

To explore the perspectives of staff and patients regarding routine drug screening and brief interventions for drug use

To determine if this should occur throughout the ED

Focus Groups

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How is the current model of care implemented?

What are the barriers and enablers of SBIRT?

Approach

Qualitative - thematic analysis

Setting

Metropolitan tertiary referral hospital ED

Participants

Nurses (30)

Barriers to SBIRT (Patient)

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Patient receptiveness

"... sometimes I don't probe because you can see they're getting agitated with you by asking the questions, ***you're increasing their behaviours and potentially become more dangerous and escalated*** *..."*

"...I think it's a bit touchy with some people because people get quite defensive about it, not because they've taken it, but because they can't believe that you're going to ask them that question, so ***you kind of don't want to get off on the wrong foot with your patient****..."*

Barriers to SBIRT (Staff)

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Knowledge

*"… we **don't have a skill set** for that, and so you think that **it's not your role**, you think that is actually an important conversation and **I don't want to go in there and give the wrong information**, so I'm just going to step back from that…"*

Role delineation

*"I don't know if that changes the patient care…which again makes me **wonder if ED is the right point at which to do** how much of the work…"*

Barriers to SBIRT (Systems)

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Time pressure

*"… so often **we don't ask, because you get so pushed just to do the work** and get them out, the 4 hour rule screws everything…"*

Pathways to referral

*"when you come to behavioural drug affected patients, **there's no pathway, there's no guideline**, there's no nothing. So **no one really knows what to do**…"*

Collaborative approach to ED-AOD services

*"…on the Friday, they're on a bender…and they will say , ok, just refer to drug and alcohol, but, there's no drug and alcohol so we'll put in an after hours referral and it's like **I don't know what's going to be and is that collected? Is that being followed up?"***

Enablers to SBIRT (Staff and systems)

Knowledge

"…if you were to empower the nurse with sort of information on harm minimisation strategies and effects of illicit substances, nurses would go oh wow I'm allowed to say things like that. Because it's very formal, it's extremely factual, it would be amazing…"

Collaboration

"…it'd be good for us to clarify if we make a referral will AOD clinician follow up these high risk out of hours, just I think communicating that to all the nurses will increase your compliance for referrals…"

Resources

"If we just have a brochure we have some simple information we can give them…we can give them something that they can hold onto and take with them…"

Survey

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To measure Drug and Alcohol misuse amongst ED patients

To determine patient knowledge about substance misuse

To determine screening acceptability by staff and patients

Population

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All ED patients were considered

Exclusions

- Medically unwell / unstable
- Non-English speaking
- Under 18 years old

Tobacco use was not examined

Study Design

Patients randomly selected by order of beds within each area (short stay, BAU, general cubicles and waiting room)

Consent obtained

Screening via ASSIST-lite survey (REDCAP)

Moderate / high risk patients were referred to AOD clinicians

ASSIST-lite

Alcohol Smoking Substance Involvement Screening Test (lite)

Can be completed in under 5 minutes

A validated rapid screening tool for use in ED

Provides substance by substance breakdown of use categorised into low, moderate or high risk consumption

Results

261 patients approached:

- 73 general cubicles
- 49 BAU
- 73 short stay
- 66 waiting room

223 patients completed the survey

- 109 males
- 114 females

Mean age of 48

- sd 20.5

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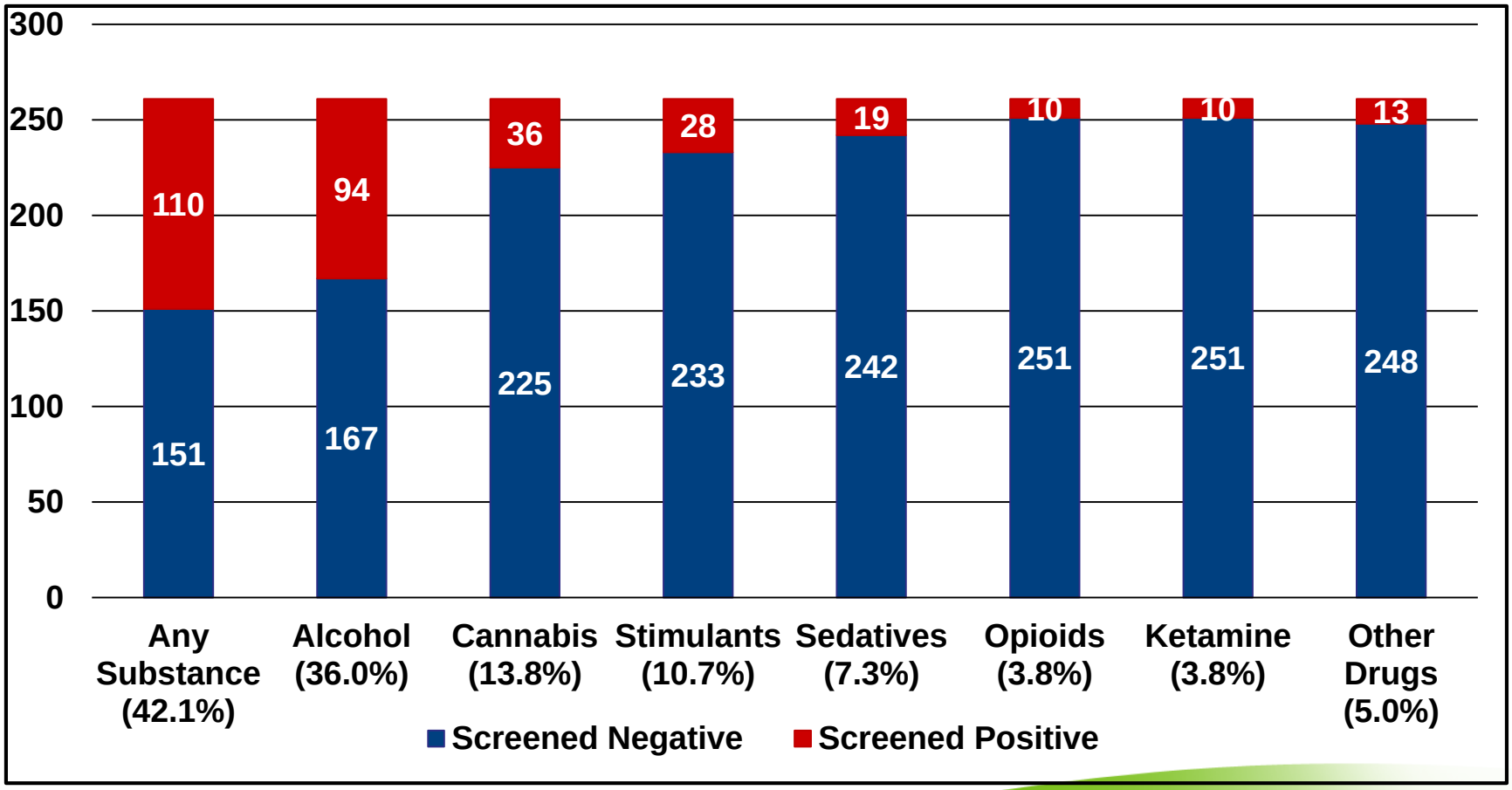
Results



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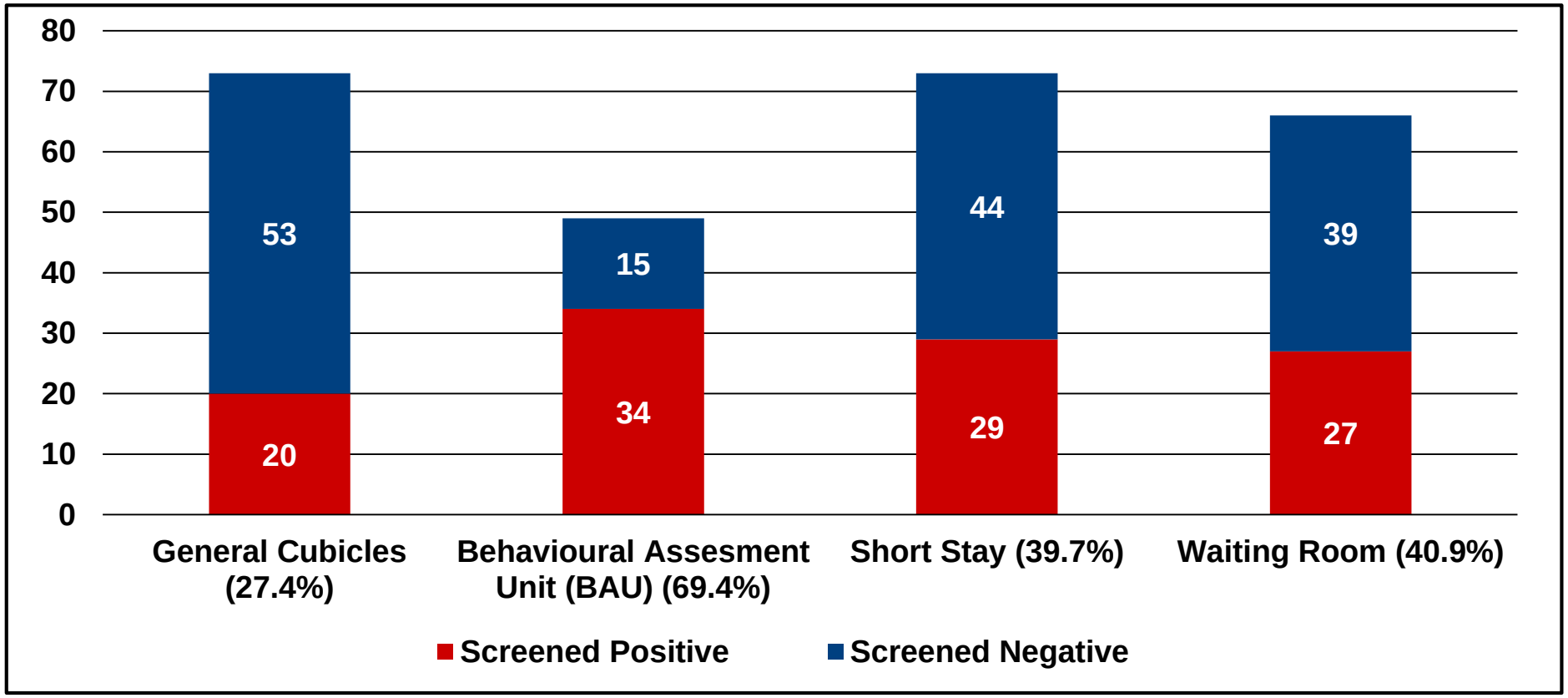
Results



Results (N=261)

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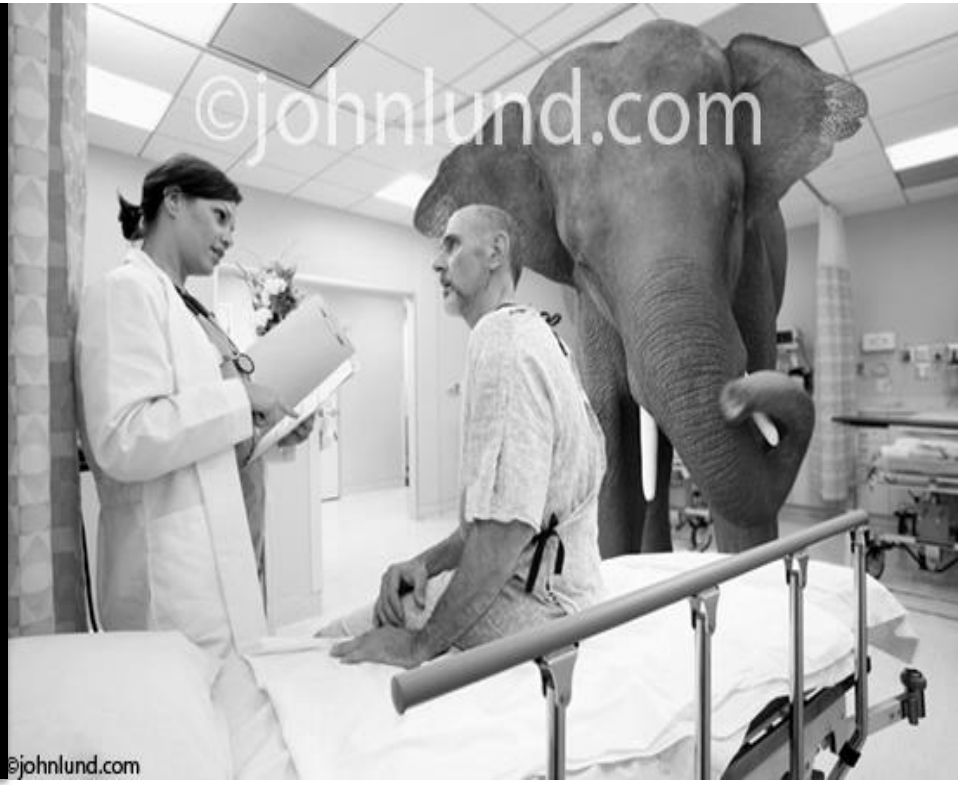
- 85% it is appropriate it is to be questioned about substances
- 88% comfortable answering questions about substance use
- 89% agree it is important for staff to know about substances use
- 80% believe it's a good idea to screen everyone



Discussion

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Patients with AOD misuse are common (42%)

Alcohol is the most commonly misused substance

The BAU has a higher prevalence (69%) but no area is low

Screening can be completed in a quick and effective manner

Most patients believe they know the risks involved with substance abuse and are aware of harm minimisation methods

Many patients are relatively uninformed abut D&A harm, and harm minimisation, yet willing to learn more

Conclusion

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Drug and alcohol screening is feasible in the ED

Barriers to routine screening may be overcome using tools that support staff and patients

Linking screening to a brief intervention may encourage this to become routine practice

There was no area where the prevalence of misuse is so low that screening should not occur