

Implementation of computerized alcohol screening and advice in an emergency department – a nursing staff perspective



The Lifestyle Intervention Research Group

Preben Bendtsen, Marika Holmqvist, Kjell Johansson

Institution of Health and Society, Linköping University, Sweden

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Background

- High number of alcohol-related attendances in emergency departments (EDs)
- EDs are often mentioned as suitable arenas for alcohol prevention
- No studies have shown successful implementation of routine alcohol screening and brief intervention (BI) in ED care including ordinary ED-staff

Obstacles

- organizational constraints
- perceived lack of time
- limited knowledge of prevention
- perceived sensitivity of the subject
(alcohol habits)

Electronic alcohol screening and advice

- Could be one way to enable routine alcohol screening and advice in ED care:
 - a simple method
 - fast
 - non-intrusive
 - inexpensive

Implementing the concept

- During 2002 staff participated in a 6-month period of action-oriented research
- The research team introduced the ideas concerning opportunistic alcohol screening and gained an understanding of the work demands placed on the staff
- This led to a mutual agreement on the electronic screening and advice concept

Implementing ...



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Methods and materials (1)

- Target group was patients 16-70 years attending the department for a subcritical condition
- Questions about the patient's readiness to change their alcohol habits and the AUDIT-C screening test:
 - 2 questions about the quantity and frequency of drinking
 - 1 question about the frequency of heavy episodic drinking

Methods and materials (2)

- The patients who completed the screening received a **printout** from the triage nurse with a **personalized feedback** on their drinking habits as calculated by the computer
- No further intervention was offered

Methods and materials (3)

Staff received a questionnaire before the screening started about:

- experiences with alcohol screening and advice
- perception of patients' reactions to questions about alcohol
- attitudes towards alcohol prevention in the emergency department: feasibility, responsibility and their own role adequacy
- opinions concerning computerized screening, its effectiveness and perceived influence on their workload as well as on their relationship with patients

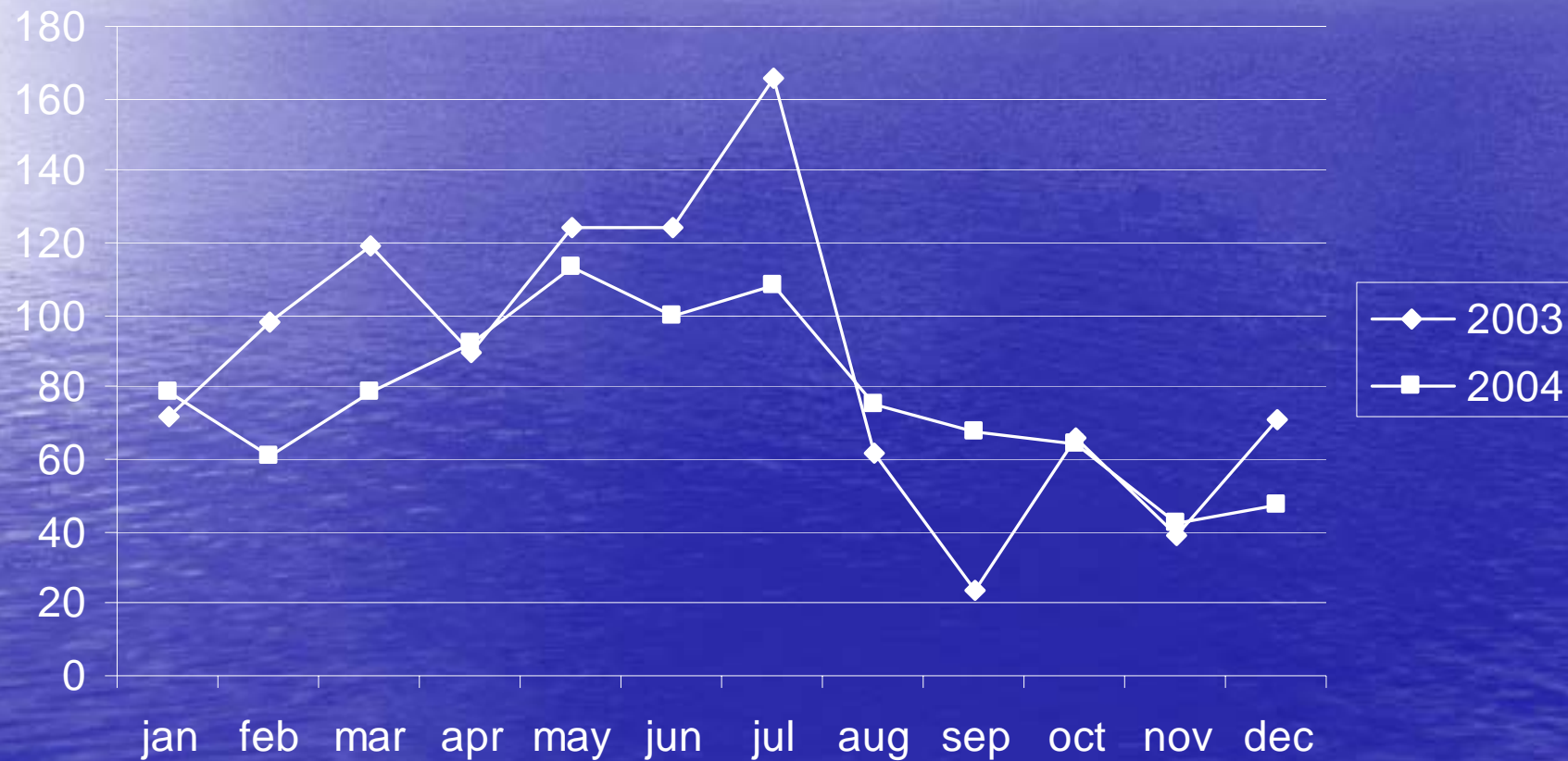
After one year the same questionnaire was distributed to the nursing staff

Aims of this study

- To evaluate changes in attitudes among nursing staff from the start to after 1 year of implementation of the e-SBI
- To describe changes in their practices during a 2-year period

Results

Number of patients included in the e-SBI during 2003 and 2004 at the emergency department



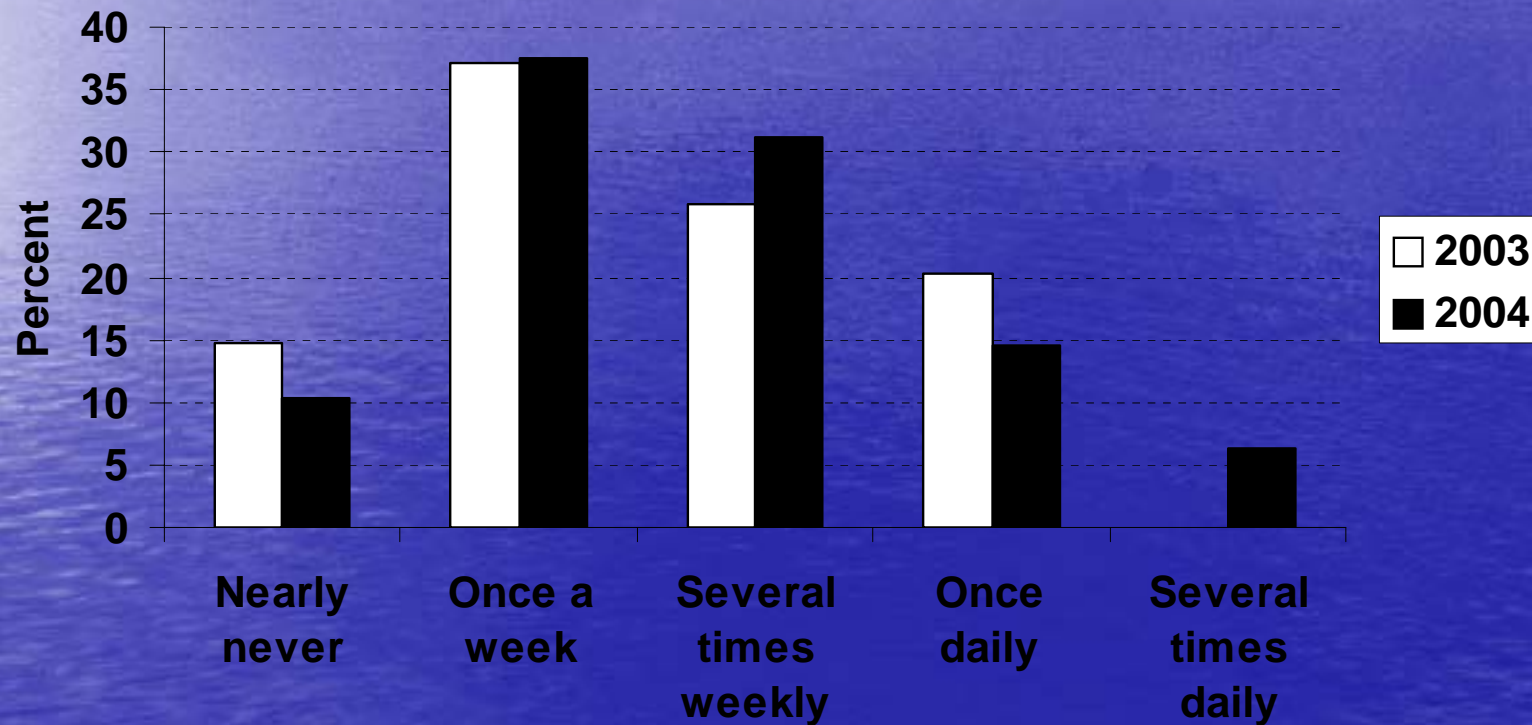
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Results

- The nursing staff's perception of the ED's responsibility concerning alcohol prevention did not change significantly
 - Around 20% stated that the EDs' responsibility was quite negligible and 40% that it was considerable
- No significant change was seen in the staff's perception regarding whether alcohol prevention should be considered to be part of their work task
 - Both before and after 1 year of e-SBI around 60% of the nurses considered that alcohol prevention only are their duty to a certain extent whereas 20% claimed that it is not part of their duty

Results

Perception of opportunities to discuss alcohol habits besides the e-SBI situation



Results

- More than half of the nurses found it easy/very easy to ask the patients to perform the e-SBI while 7% considered it somewhat difficult
- More than 75% of the nurses agreed that the e-SBI did not affect their workload, while 24% considered the concept to be relatively disturbing

Results

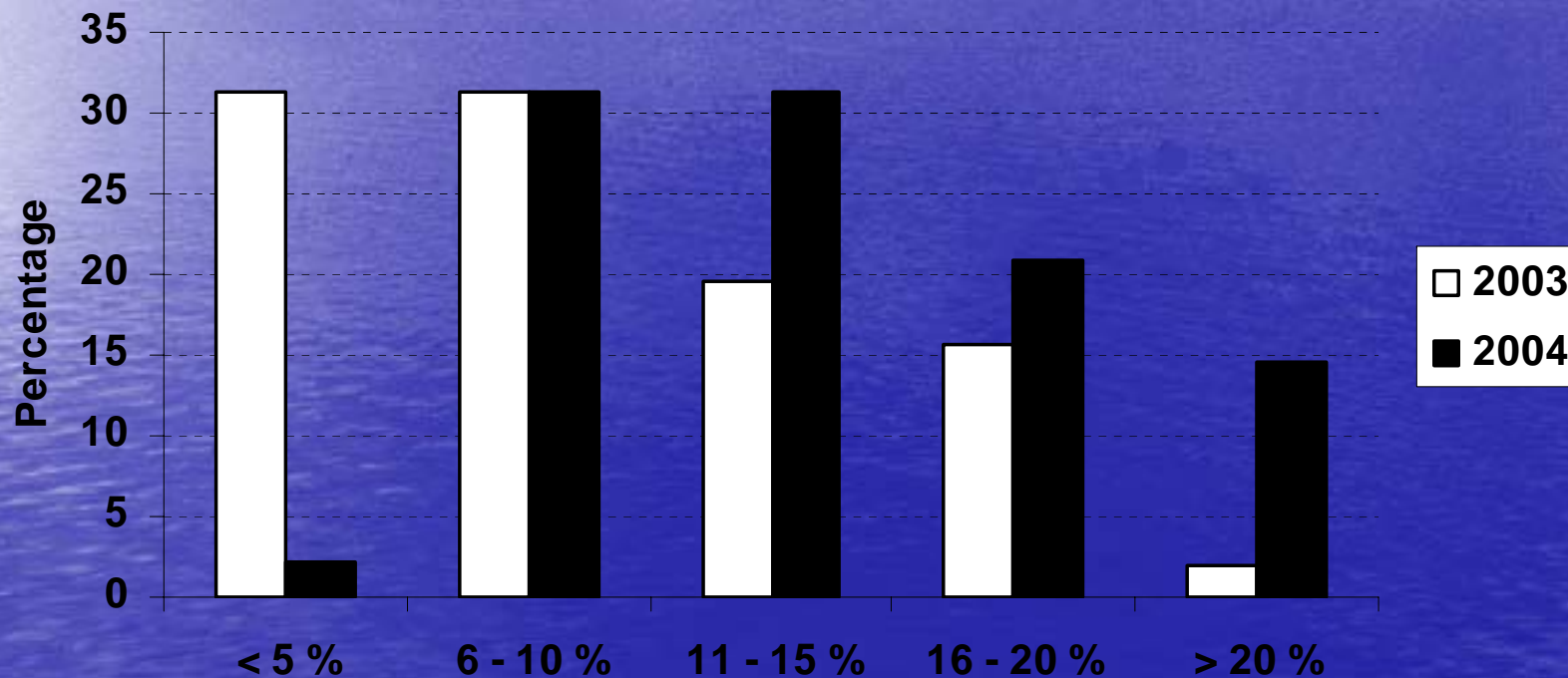
- Only 10% of the nurses indicated that the patients reacted negatively to the e-SBI, whereas 40% perceived that the patients found it positive/very positive to be offered the e-SBI
- In a similar question in the baseline questionnaire, more than 60% expected the patients to react negatively if asked about their alcohol habits ($p < 0.05$)

Distribution of patients completing the e-SBI in the emergency department based on reasons for the ED visit (%). The proportion of risky drinkers within the different groups are in parentheses

Reason for attending the ED	Female (<i>n</i> =840)	Male (<i>n</i> =1142)
Injury	30.4 (22.4)	42.2 (36.9)
Violence	1.0 (50.0)	5.2 (61.0)
Heart	3.1 (11.5)	2.9 (24.2)
Gastrointestinal	16.7 (16.4)	11.0 (24.6)
Muscle/joints	4.6 (15.4)	5.9 (25.4)
Allergy/infections	4.9 (14.6)	5.7 (29.2)
Unspecified	39.4 (20.2)	27.1 (28.1)
Total	100.0 (19.8)	100.0 (32.9)

Spin-off effect

Change in the staff's estimation of the proportion of risky drinkers among patients seeking care at the ED



Lessons learned...

- e-SBI offered to ED patients appears to be a feasible concept and can be implemented without disturbing the normal routines
- However, there seems to be a considerable effort to maintain the staff's motivation level



End of presentation

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