SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Thomas Jefferson University Hospital (TJUH) uses a urine alcohol and drug screen (UDS) and a CAGE-AID questionnaire as screening tools. The UDS and CAGE-AID are administered to every trauma patient by a trauma staff nurse. If the patient has a positive UDS or answers yes to any CAGE-AID questions, the nurse places a consult for a social worker to complete the brief intervention and referral to treatment portions of the SBIRT with the patient.

TJUH was found to have significant issue with completion of SBIRT during the 2016 Pennsylvania Trauma Systems Foundation (PTSF) Site Survey. A 2017 data analysis of Thomas Jefferson University Hospital\'s (TJUH) medical records showed an average SBIRT completion rate of 42%. In order to be compliant with the PTSF standard, the average completion rate needs to be a minimum of 80%.

Following the data analysis, a survey was sent to TJUH Trauma Staff by email to determine SBIRT knowledge and opinions. \"I am not sure\" was the most frequently selected answer on all knowledge questions. After reviewing the data analysis and the survey, it was determined that in order to be compliant in the PTSF 2019 Site Survey, a Trauma Staff training on SBIRT was needed.

Methods

Project Design:
- Create a staff SBIRT training module based off of responses from pre-training survey.
- Present training to staff and gather feedback using a quiz available in paper and online survey formats.
- Analyze post-training quizzes to determine impact of training and future needs.

Participants:
- TJUH Trauma staff, with particular focus on nurses.

Setting:
- New Waves in Trauma Conference
- Email and online survey site

Data Analysis:
- Post-training quizzes were manually reviewed and entered in a spreadsheet for simple percentage calculations.

Results

Responses to Pre- and Post Training Quizzes and to Post Training Survey Questions

- What does SBIRT stand for?
  - Screening, Brief Intervention, and Referral to Treatment
  - Screening, Brief Intervention, and Referral to Treatment
  - Substance Abuse Marketing and Referral to Treatment
  - Substance Abuse Intervention and Referral to Treatment

- When do you use the SBIRT on a patient?
  - Any patient that is in the Trauma Unit
  - Any patient that is in the Trauma Unit
  - Any patient who is clinically unable to complete the UDS
  - Any patient that is clinically unable to complete the UDS

- Who is the correct person to be reviewing the SBIRT with the patient?
  - The person who first available, the
  - A trauma and physicianbreath
  - A trauma unit
  - A social worker

- Who completes the CAGE-AID with the patient?
  - The social worker
  - A nurse and a case manager
  - A trauma and physician
  - The person who is first available, no matter their role

- What is the PTSF acceptable compliance benchmark of SBIRT completion?
  - 94.09%
  - 3.96%
  - 0.99%

Discussion

The training was successful in teaching over 100 members of TJUH Trauma Staff about their roles in the SBIRT workflow, and in increasing their confidence in using SBIRT with their patients. However, the staff needs further clarification on specific parts of the workflow, including which patients receive a SBIRT.

Observations:
- There were no answers of \"I am not sure\" for any of the post-training quiz questions.
- The question \"When do you use the SBIRT on a patient?\" was answered incorrectly by most (87.13%) of the staff.
  - I attribute this to several causes such as: unclear workflow visuals in the training and confusion of the CAGE-AID vs SBIRT.

Recommendations:
- Send out a brief email to all Trauma Staff clarifying the difference between CAGE-AID and SBIRT and discuss it as a topic at the next team meeting.
  - Include an updated workflow visual.
- Re-send the training module in March 2019 for staff to review if needed prior to the April 2019 PTSF Site Survey.
- Collaborate with Jefferson\'s Digital Innovation & Consumer Experience to create a mandatory, annual training on MyJeffHub.

Updated Workflow Visual:

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