

DEPARTMENT: Case Management and Trauma Services	PROCEDURE TITLE: Screening, Brief Intervention, and Referral to Treatment
Page 1 of 2	REPLACES POLICY DATED: New
EFFECTIVE DATE: 10/2015	REFERENCE NUMBER: 783-109

PURPOSE: As a designated trauma center, the facility services trauma patients whose alcohol use may place them at risk for additional traumatic injury. The facility follows the American College of Surgeons' recommendation for providing a screening assessment, educational information and referral information to the eligible patient. The Screening Brief Intervention and Referral to Treatment (SBIRT) process is utilized by the social worker or their designee for eligible patients in order to promote and motivate responsible behaviors.

DEFINITION/Components of SBIRT:

- A. **SCREENING:** The systematic assessment of eligible, consenting Trauma Service patients who have been identified as possibly having risky alcohol and/or Substance usage patterns.
- B. **BRIEF INTERVENTION:** The clinician's interaction with the patient that provides appropriate standardized educational and/or motivational information which provides the patient with safer alternatives to inappropriate or risky behaviors related to their alcohol use patterns.
- C. **REFERRAL TO TREATMENT:** The process of providing additional information about post-acute care programs that offer education or counseling for patients with risky alcohol patterns.
- D. **TARGET POPULATION:**
 - a. **ELIGIBLE PATIENTS:** Patients admitted to the Trauma service. This may include patients:
 - Admitted as inpatients or outpatients with observation services.
 - Between the ages of 15- 18 with parental approval
 - Between the ages of 19 -90+.
 - b. **INELIGIBLE OR EXCLUDED PATIENTS:** The following conditions will automatically exclude the from the SBIRT process:
 - Refusal to participate
 - Ongoing Glasgow Coma Scale (GCS) \leq 13 Ongoing Psychiatric Issues which may include:
 1. Psychosis
 2. Mania
 3. Severe depression
 4. Bereavement
 5. Delirium
 6. Advance dementia
 - Legal proceedings which may include:
 1. Pending or potential litigation related to current injury/admission.



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2. Law enforcement supervision at the bedside.
3. Status as a prisoner at the time of admission.

PROCEDURE:

1) RESPONSIBILITY AND OPERATIONS:

- a) Case Management will be responsible to oversee the SBIRT process
- b) The SBIRT process will be the responsibility of Nursing and Case Management to assess the alcohol use of our trauma patients
- c) The SBIRT process will be provided to all patients admitted to the facility with an emphasis on trauma patients for the brief intervention during normal Case Management business hours.

2) Education of staff

- a) An experienced LSW will educate all new staff to the SBIRT process. On-going education will be developed by SBIRT Committee within Case Management with input from the Trauma committee.

3) IDENTIFICATION OF PATIENTS:

- a) Nursing completes CAGE on every admission and floor transfer. When CAGE is positive, nursing will be able to send referral to Case Management.
- b) CAGE is positive if patient answers Yes to any CAGE question or drinks to excess (over 7 servings/week for women or 65+ years old, over 14 servings/week for men)
- c) If nursing has concerns about patient's alcohol consumption or a high blood alcohol level upon admit despite patient answering CAGE with a negative screen. Nurse can send a Nursing Assessment referral to alert the Social Worker to review patient's case.
- d) Case Management will review all positive referrals and offer assistance as indicated.
- e) If patient/family have questions, contact Social Worker or Case Manager at 214-473-7601 for assistance.
- f) Social Worker or designee will provide brief intervention
 - (1) Counsel patients regarding the reduction and/or abstinence of use and identification of circumstances where use is hazardous.
 - (2) Provide written education or motivational material when appropriate.
 - (3) Refer patients to the appropriate resource or agency.
 - (4) Documentation of the process will be done in Meditech
- g) Data Reporting

Aggregated data will be reported to the Trauma Services Committee as required, but at least quarterly. This may include total patients eligible, total patients screened, reasons for not screening etc.

REFERENCES:

Resources for Optimal Care of the Injured Patient 2014, Committee on Trauma, American College of Surgeons



The Medical Center of Plano

Approved by: Trauma Services Committee

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