### Improving Screening and Follow-up of MU Students with Increased Risk Alcohol Use

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**Strategic Alignment:** Education - enhanced learning environment; Research – 1) increased and accurate data, 2) potential for better collaborations; Patient Care – 1) addresses health issue that has impact on academic success, 2) increased utilization of existing clinical support services

<table>
<thead>
<tr>
<th>Aim Statement</th>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
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</table>
| To increase the number of students screened for alcohol use risk at the SHC during the first visit of each semester from 28% to 60% by using a Cerner PowerForm  
To increase the number of students with positive screens for alcohol use risk who receive appropriate provider response and documentation of response from 39% to 80% by using motivational interviewing techniques and documentation tools  
To understand the student population’s alcohol-related emergency department use for the Fall 2013 Semester | **Background**  
The SHC screens for high risk substance use, depression, and anxiety.  
EMR has been implemented with screening completed by nurses.  
National College Health Assessment surveys of MU students show binge drinking has increased over the past several years.  
MOSBIRT strategy, including motivational interviewing, has proven to be successful in reducing high risk drinking.  
Alcohol toxicity is an increasing problem, resulting in increased police intervention and emergency room utilization.  
MU’s on-campus student population has been historically high over the past 2 years | **Interventions**  
Edited screening form, trained nurses, implemented practice of screening once per semester  
Shortened timeframe of screening form questions from one year to 3 months  
Met with providers to learn barriers, what works, what would help increase ease of documentation  
Created template for documentation incorporating ADEPT tools  
Following IRB approval, identified MU students (ages 18-26) who were seen in ED during Fall 2013 semester | **Results**  
Modifications to screening form  
Education to improve nurse screening  
Chart review of visits with positive screens to characterize provider documentation patterns (see Figures 2 and 3)  
Expanded screening process to all provider patients  
Population study conducted by graduate students, examining alcohol-related visits in the ED and identifying patterns, repeat visits, co-morbidities | **Next Steps**  
Develop chart tool to help nurses determine when returning students need screening  
Review and assess newly developed EMR tool for efficient, consistent documentation  
Analyze ED data to better understand extent of problem and characteristics of students at risk  
Integrate SHC’s screening process with campus alcohol abuse prevention activities |

**Specific Measures**

- # of first-time SHC visits  
- # of SHC visits with alcohol screening  
- # of students who screen positive  
- # of students with positive screens where provider addressed and documented alcohol consumption habits  
- # of ED visits for alcohol toxicity and other alcohol-related conditions

**Problem Statement**

- We do not know how many students screen positive for high risk alcohol use or how they are managed.  
- Before expanding screening, we need to assess current practices (see Figure 1) and adequacy of resources needed to meet the increased number of students with high risk alcohol use that may be identified.

**Interventions**

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### Graphics / Data

**Figure 1: Alcohol Risk Screening Practices**

**Figure 2: Provider Intervention and Documentation Practices**

**Figure 3: Documentation of Response to Positive Screen by Provider**

**Table 1: Alcohol Risk Screening Practices**

<table>
<thead>
<tr>
<th>Measure</th>
<th># of Instances</th>
<th>Percent of Sample</th>
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</thead>
<tbody>
<tr>
<td>Provider Documentation</td>
<td>37</td>
<td>37.0% of all encounters examined</td>
</tr>
<tr>
<td>Documentation in Clinic Note</td>
<td>5</td>
<td>13.5% of all encounters where documentation occurred*</td>
</tr>
<tr>
<td>Documentation in Social History</td>
<td>36</td>
<td>97.3% of all encounters where documentation occurred*</td>
</tr>
<tr>
<td>Provider Discussed Alcohol Issues</td>
<td>9</td>
<td>9.0% of all encounters examined</td>
</tr>
<tr>
<td>Alcohol-related follow-up scheduled</td>
<td>0</td>
<td>0% of all encounters examined</td>
</tr>
<tr>
<td>Alcohol-related referrals</td>
<td>0</td>
<td>0% of all encounters examined**</td>
</tr>
</tbody>
</table>

*Documentation occurred in both locations with 4 of the encounters observed  
**There was 1 encounter where the provider recommended keeping an existing appointment with SHC

**Figure 3: Documentation of Response to Positive Screen by Provider**