Improving Employee Assistance Program Utilization in Hospitals to Reduce Substance Use Risk Factors in Healthcare Employees

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Introduction

11% of the U.S. population has a substance use disorder (SUD) [5], nurses and providers have similar if not higher rates of SUD. Healthcare organizations are recommending alternative to discipline approaches to combating SUD; however, self reporting is very low and coworkers are uncomfortable reporting their peers [6].

Employee assistance programs (EAP) can help with SUD and allow for confidential reporting. EAP utilization has been increased in other areas of employment; however, these methods have not been tried on healthcare employees to see if similar success is achieved.

Employee assistance programs can help reduce SUD by [2,3]:
- Allowing for confidential reporting
- Meet alternative to discipline treatment goals
- Provide counseling and assistance for life-stressors
- Eliminate or helping remove the most common barriers to SUD treatment including waiting lists, health insurance approval, and an inability to pay for treatment.

The PICOT guiding this project was will briefing the benefits of EAP to hospital staff employed at a midwestern hospital over 6-months, increase the EAP utilization rate over a 12-month period.

Methods

One study [1] increased EAP utilization for industrial sector employees from 3-4% to 16% over three years utilizing a five-step process by providing:
- EAP branded handouts to employees
- Training on how to access EAP
- Reinforcing program confidentiality
- On-site and 24-hour availability of EAP
- Annual meetings with managers on utilization trends

A hospital in the upper midwestern U.S. was selected as the project site with an employee population between 600-1000 employees.

The Transtheoretical Model of Change [4] was used developing the training plan for employees. Training was directed at employees in the contemplation phase and the preparation phase.

Precontemplation → Contemplation → Preparation → Action → Maintenance
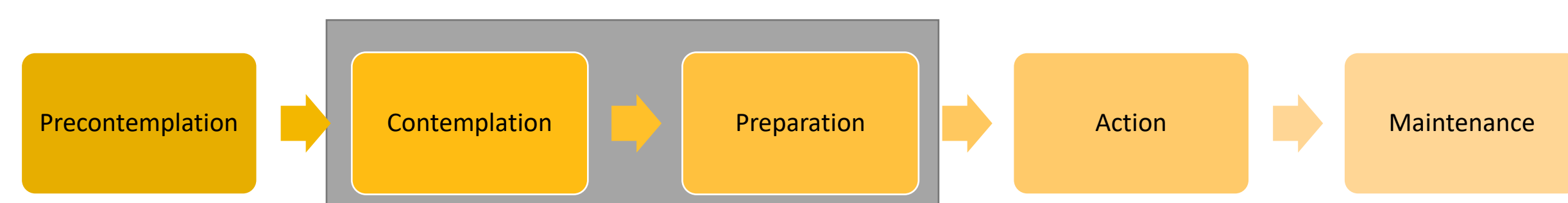
Transtheoretical Model of Change[4]

The goal was to provide EAP training at every staff meeting during the 6 month intervention period, including a 5 minute video on EAP benefits to front-line employees as well as provide handouts and posters in break areas. The supervisors were also provided a 5-minute supervisor specific EAP video. After the 6 month intervention period, the cohort was followed for an additional 6 months.

EAP training was offered for every department within the hospital to include providers, nurses, and all ancillary staff.

EAP Utilization by Quarter

	Q1	Q2	Q3	Q4
2019	19	20	21	13
2020	15	6	22	15

Intervention   Post-intervention

EAP Utilization by Category

2019 (Pre-Intervention) | 2020 (Interventional Period)

EAP Utilization Percent by Category

2019 | 2020

EAP Referral Source by Percent

2019 | 2020

EAP Utilization Rate (Percent by Quarter)

2019 | 2020

Results

Number of contacts during intervention period:
- 65 front-line employee video views
- 24 supervisor video views
- 50 all-staff email reminders

Non-significant decrease in number of EAP contacts from 2019 to 2020 from 73 to 58 (p=0.381)

Non-significant decrease in utilization percentage from 12.42% in 2019 to 9.42% in 2020 (p=0.11).

There was a non-significant increase in EAP utilization rate in the post-intervention period (p=0.59).

Conclusions

The intervention did not increase EAP utilization over the entire time studied; however, EAP usage did increase in the 6 month post-intervention period.

EAP utilization rate was very similar to 2019, with the notable exception of Q2 2020. The overall EAP use was still well above the national average. EAP was contacted for assistance in similar categories in 2020 vs 2019.

Project strengths included:
- The use of video to deliver a standard, consistent message worked well and was adapted to the change to virtual meetings.
- Very low-cost implementation that used an existing framework
- Offered assistance to a unique sub-population

This study was limited by:
- COVID impact stopped in-person meetings at the facility during the study, many were changed to virtual or phone meetings and targeted just-in-time COVID training
- Very high pre-intervention EAP utilization
- Shorter duration than the original study
- COVID may have increased the number of EAP visits

Future Implications
- Replication or continuation is recommended to observe impact of confounding factors that occurred during the project
- Longer studies will provide better trending of data
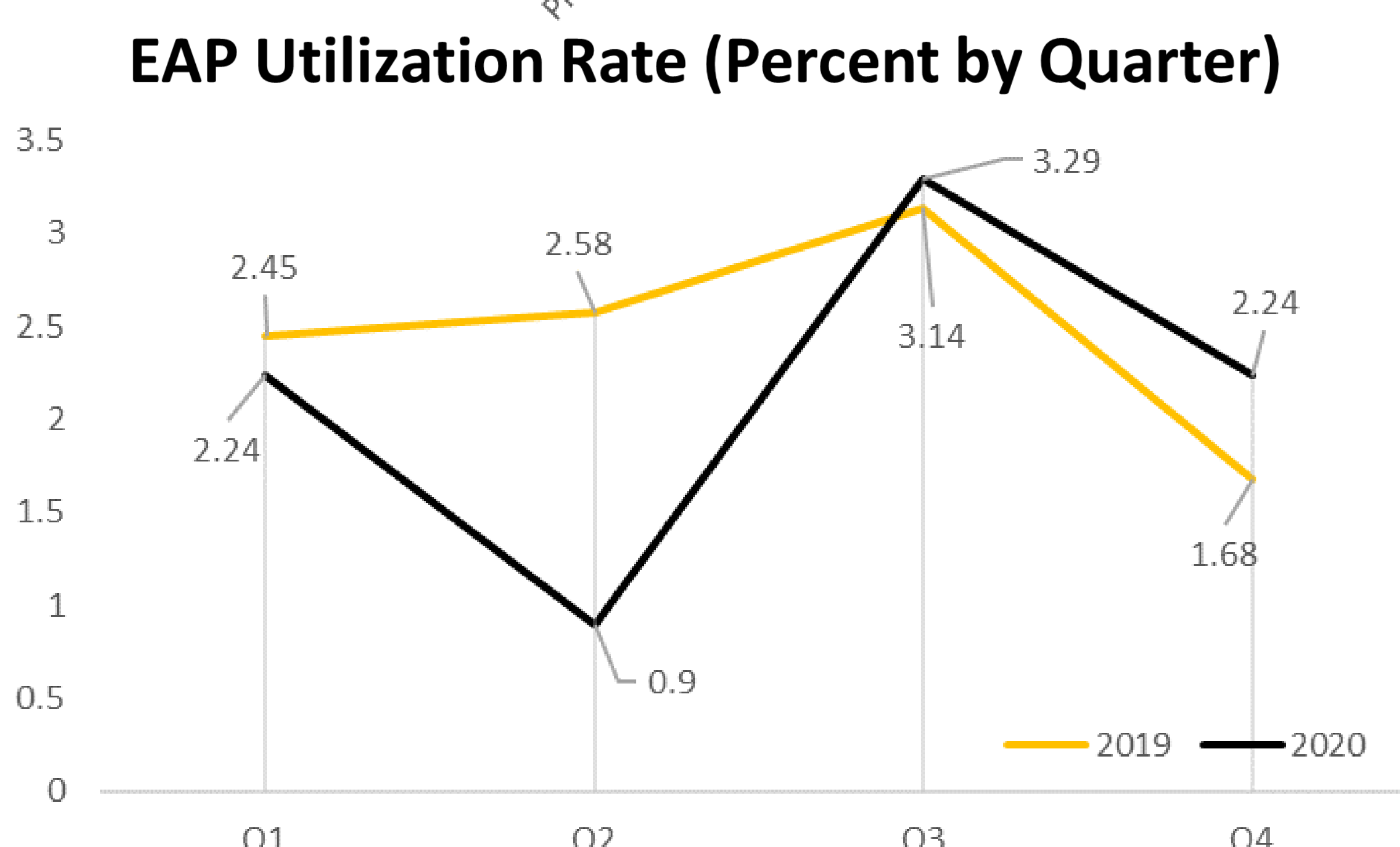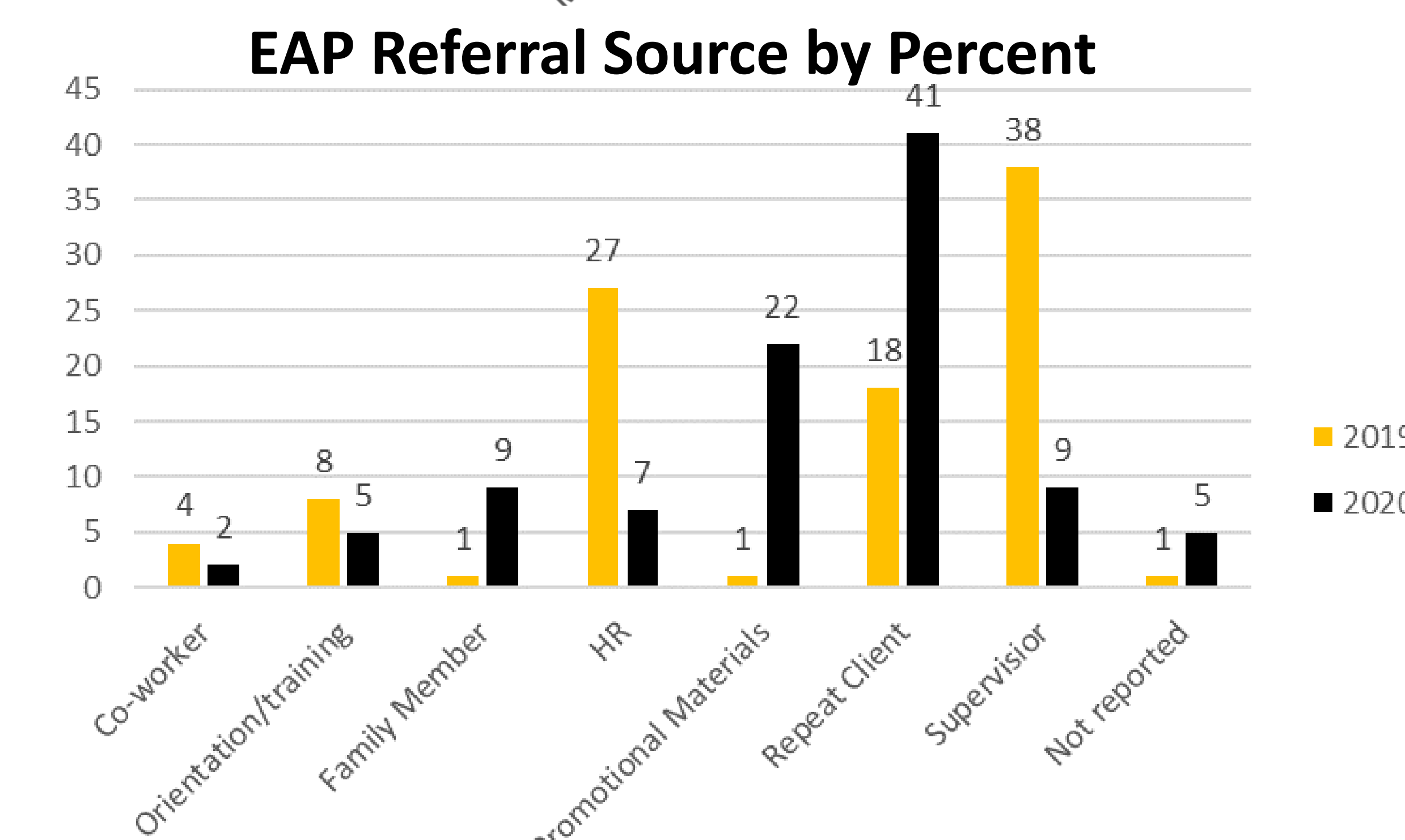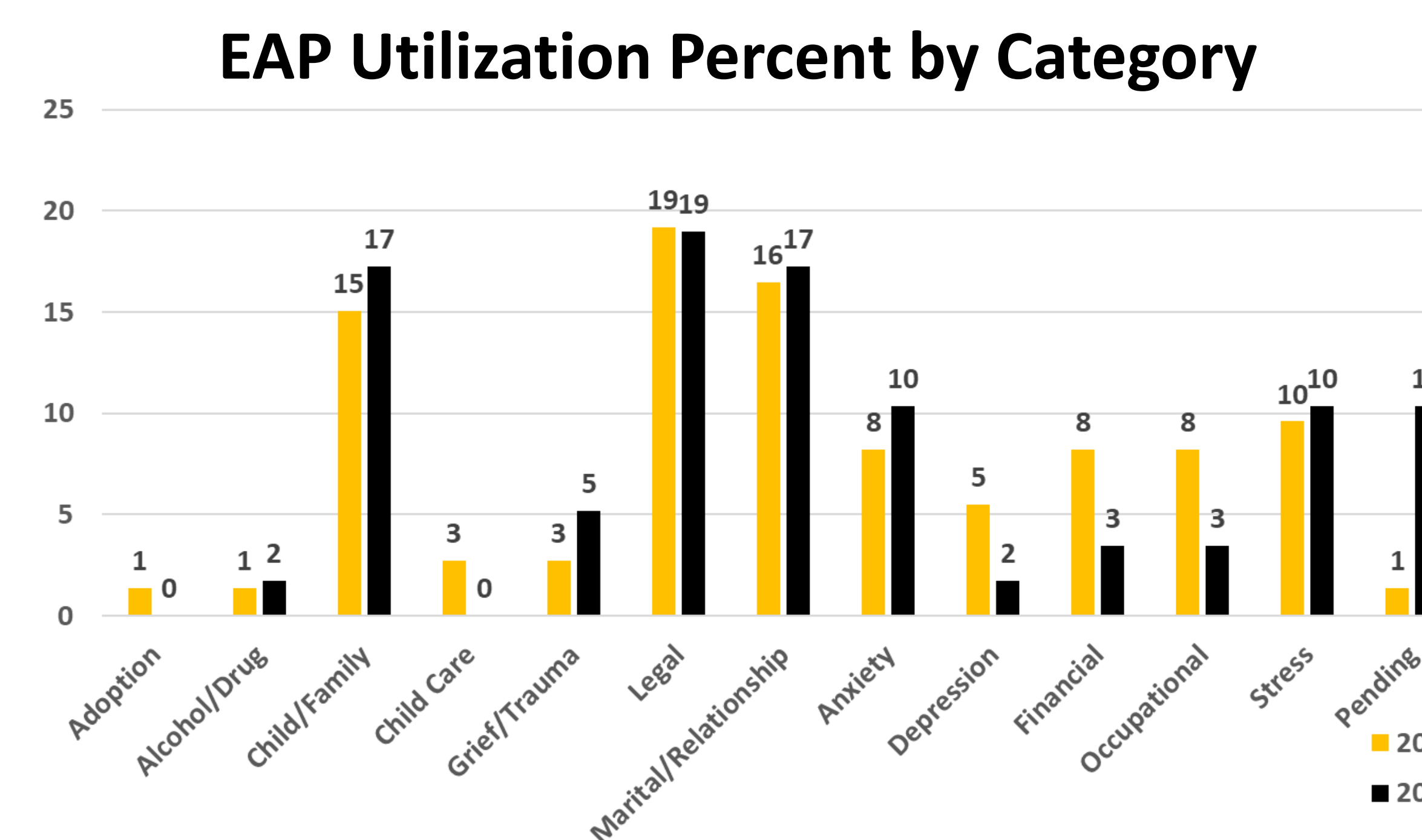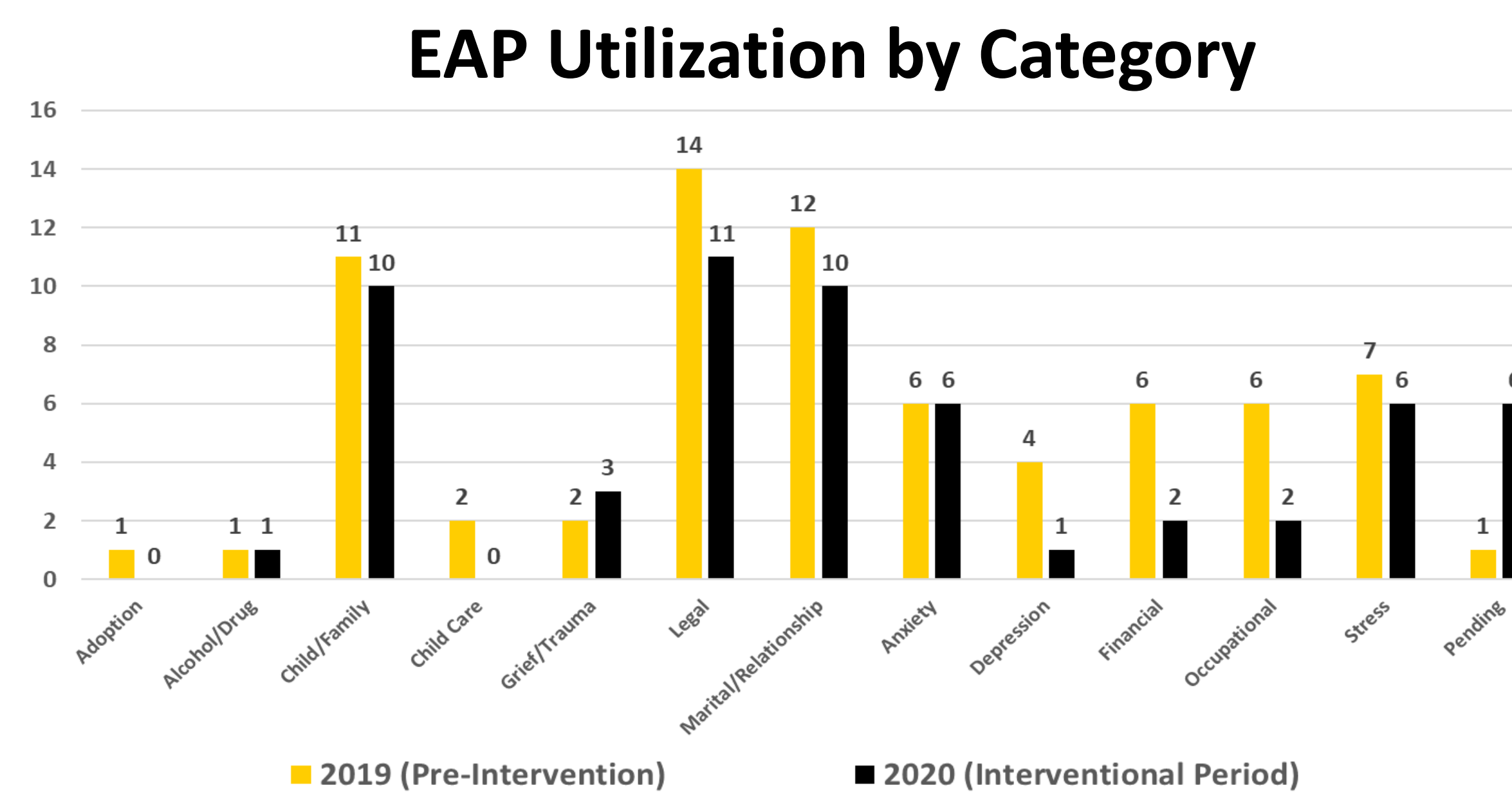
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