

Adaptation and Implementation of SBIRT for Adolescents with Chronic Medical Conditions Hospitalized in Pediatric Inpatient Units

Project Summary/Abstract:

Adolescents with a chronic medical condition (A-CMC) are more likely to misuse and initiate alcohol and other drugs (AOD) at younger ages compared to adolescents without CMCs. A-CMCs account for the majority of pediatric inpatient hospitalizations as A-CMCs are often admitted for an acute inpatient stay following an emergency department visit for an exacerbation of their disease. However, A-CMCs are not routinely screened for alcohol use in pediatric inpatient settings. Thus, the pediatric inpatient setting provides clinicians a critical, but missed, opportunity to universally screen for alcohol and drug use among A-CMCs once medical concerns are stabilized. The current study addresses this gap in the care cascade by examining the workflow processes in an urban pediatric hospital's inpatient units, adapting Screening, Brief Intervention, and Referral to Treatment (SBIRT) to the population and setting, and identifying SBIRT implementation strategies to pilot in a single arm hybrid type III effectiveness-implementation trial.

Public Health Relevance Statement:

Project Narrative: Adolescents with a chronic medical condition (A-CMC) have high rates of risky drinking and drug use and account for the majority of pediatric inpatient hospitalizations. However, A-CMCs are not routinely screened for alcohol use in pediatric inpatient settings, highlighting a major missed opportunity. This research proposal will facilitate the implementation of SBIRT in inpatient units within a large urban pediatric hospital, while providing preliminary data to inform the development of a highly scalable approach that can be used in pediatric hospitals across the United States.