IMPROVING SUBSTANCE ABUSE SCREENING IN ADOLESCENT TRAUMA PATIENTS IN A PEDIATRIC TRAUMA CENTER: CHALLENGES AND OPPORTUNITY

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Objectives: Alcohol and substance abuse (ASA) contribute significantly to the injury burden for American adolescents. ASA screening is a requirement for trauma center verification, but consistent screening can be challenging to achieve. The purpose of this study is to describe the implementation of a screening protocol that significantly improved screening rates for adolescent trauma patients.

Methods: At our pediatric trauma center, we use the CRAFFT screen to identify patients 12 & older for alcohol and substance abuse problems. Charts for these patients are routinely reviewed to assure compliance with screening. In an effort to improve screening rates, a systems change to the Electronic Medical Record (EMR) was made so that if screening is not completed, it remains on a work list for nurses until it is completed. CRAFFT screening was monitored for all admitted trauma patients for a 12 month baseline, and then for 6 months after the intervention was implemented.

Results: During the study period our trauma center admitted 755 injured patients, 198 were ≥ 12 years of age. During the 12 months before the intervention, less than half (46%, n=67) of admitted trauma patients were screened. During the 6 months after the intervention, 85% (n=45, p=<.01) were screened. Overall, 11% of our pediatric trauma patients screened positive for alcohol use, and 71% of these patients were successfully referred to social work.

Discussion: Incorporating alcohol and drug screening into the electronic medical record significantly improved rates of screening. Future studies will prospectively enroll patients with positive screens to evaluate the effectiveness of different focused interventions.