

EVALUATING EMERGENCY CLINICIANS USE OF A MOBILE DEVICE APP TO DELIVER ALCOHOL SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT). THEORETICAL DOMAINS FRAMEWORK INTERVIEW ANALYSIS AND SURVEY RESULTS.

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Introduction and Aims.

To identify the barriers and enablers for emergency clinicians to deliver alcohol Screening Brief Intervention and Referral to Treatment (SBIRT) by a mobile device app in Victorian hospitals.

Design and Methods.

Emergency Department (ED) clinicians from three sites completed a pre-implementation survey for the delivery of ultra-brief SBIRT in the ED. Qualitative semi-structured interviews were performed by two interviewers with twelve clinicians following completion of the program. The Theoretical Domains Framework (TDF) was used to guide coding and analysis.

Results:

Survey: 99 (72%) of 138 ED clinicians completed the survey prior to commencing the program. Forty-two percent reported performing alcohol screening "often" or "always". Eighty-nine percent of respondents agreed alcohol was the most important public health issue. than alcohol. Clinicians identified rapport as being the most important factor in initiating screening, and were more likely to screen an alcohol-related presentation. *Interview:* Clinicians supported the screening to be undertaken within ED as part of routine practise. The app aided clinicians by overcoming both skill, and knowledge barriers, while improving rapport with patients. ED clinicians had a low expectation of any effect of SBIRT and were most concerned about the time-cost of the intervention. Enablers that were identified for development were memory, attention and recall.

Conclusion

The routine practise of alcohol SBIRT is acceptable to ED clinicians. Initiatives such as an app can facilitate this in the ED. Development of alcohol SBIRT in ED requires organisational structure and ongoing management support to establish and sustain the role within routine practice.

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