

# Recruitment & Retention

## SMART-ED, NIDA CTN 0047



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# SMART-ED



- **Screening, Motivational Assessment, Referral and Treatment in Emergency Departments**
- Designed to assess the efficacy of a brief intervention on ED patients who endorse problematic non-alcohol, non-nicotine drug use
- Recruitment, initial assessment and brief intervention occurred in the ED
- Follow up and retention efforts occurred at the follow up location
- Multi-site design for efficiency and diversity
  - ✦ 6 sites, N=1,285 subjects

# R&R



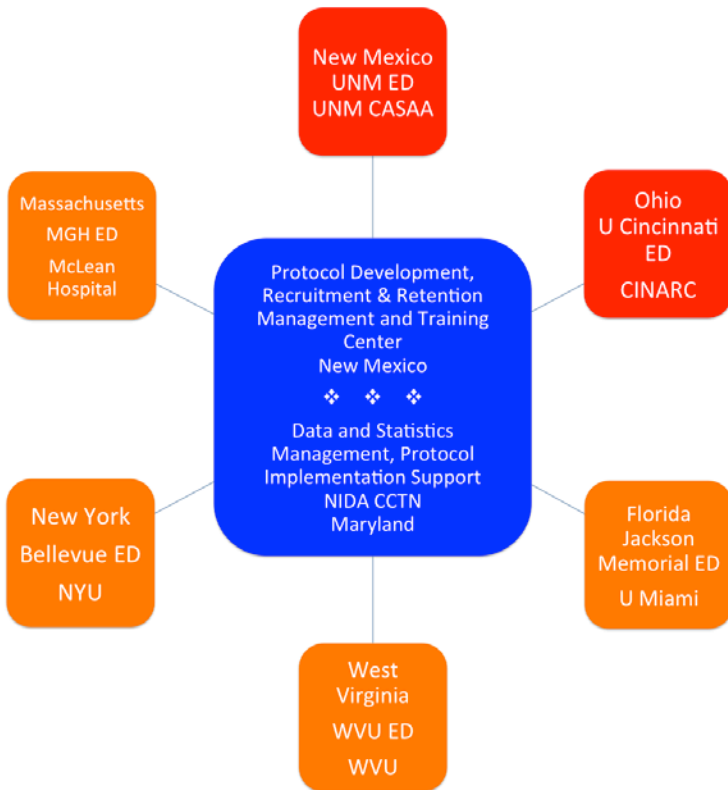
- **Recruitment**
  - Identify potential subjects who might benefit from a substance use intervention
- **Retention**
  - Identify potential subjects with a high probability of returning for follow up
- **Balance of considerations**
  - Numerous tradeOffs/considerations balancing R&R

# SMART-ED Site Selection



- 17 sites applied, 6 sites selected to participate
  - ✦ CTN node sites with affiliated academic EDs
  - ✦ EDs needed
    - available space, staff, research experience
    - sufficient drug using patient population
    - could not currently have an SBIRT model in place
    - onsite ED physician had to take part in the study to both ensure proper implementation and ED staff acceptance of the research.
    - Research staff collaboration with medical/nursing staff

# SMART-ED Sites



## SMART-ED Sites, CTN 0047



# ED Study Phases...



- **Two stage screening process**
  - Discussed in detail in the next session
- **Formal subject recruitment**
  - Inclusion/exclusion criteria
  - Informed consent

Covered in this presentation

- **Multistage randomization reveal / Assessment**
  - MSO
  - SAR vs BI-B
- **Initial visit wrap up**
  - Appointment made for follow up in ED

# Subject Inclusion Criteria



- Registered as a patient in the ED
- Access to a phone
- Reside within 50 miles (80 km) of the follow up site
- Provide sufficient locator information for self and 2 or more locators
- Not currently a prisoner or in police custody



**WE WANT YOU!**

# Recruiting Challenges



- **Recruitment plans tailored to site characteristics**
  - Patient length of stay
  - Assessment location (in the ED)
- **EDs are inherently chaotic**
  - Patients often have undifferentiated illness
  - Angry, irritable, in pain
  - Many have waited to be seen for hours (days?)
  - Confidentiality
- **Integrating processes into triage and medical screening protocols**
  - EMTALA
  - Medical staff / patient flow
- **Patients who were too ill or “altered” to participate**
  - Medical illness
  - Intoxication
  - Acutely psychotic or suicidal patients



# The Recruiters



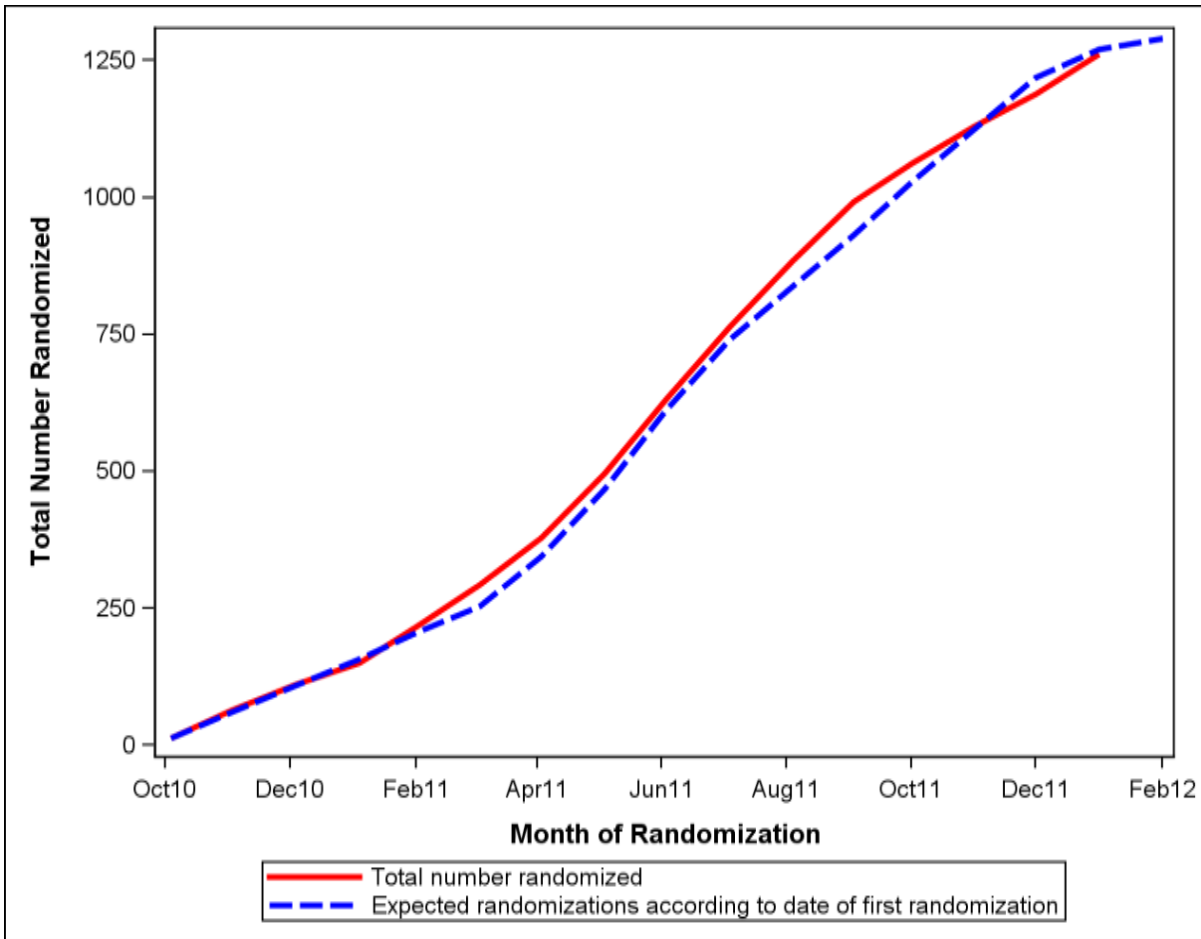
Computer based  
screening

# Computer based Screening



- Very little paper used (consent forms)
- Provided for mobility, electronic data capture
- Stylus driven, PC based system cumbersome
- Challenging for ED patients to use

# Recruitment Rate



- 20,762 pre-screened
- 15,509 gave initial verbal consent
- 15,224 completed anonymous screening
  - Computer assessed eligibility to continue
  - Additional screening questions reviewed inclusion/exclusion criteria
  - ~8% recruited
- Informed consent
- About 21 participants recruited per week
- Screening process about 5-10 minutes

# Characteristics of the Recruited Sample



- **Demographics**

- 70% male
- Mean age 36 years  $\pm 12$
- 50% White, 35% Black, 24% Hispanic
- 9% married
- 9% college graduates
- 63% household income under \$15,000
- 42% unemployed
- 19% full-time employment

# Retention



- **Participants asked to follow up...**
  - 3 months
  - 6 months
  - 12 months
- **To make it even more challenging...**
  - Different location than the ED
  - Different research staff
- **Target retention rate**
  - 85% at 3 months
  - !!

# Tracking Strategies



- Phone and mail current locator information
- Old phone numbers and old addresses
- Email and text / SMS
- Community searches ('haunts')
- Call jails and medical examiner
- Search jails and prisons online
  - (e.g., local websites and [www.vinelink.com](http://www.vinelink.com))
- Web searches
- Check participant's medical record for updated information
- Use different staff members
  - Different voice and different strategies
- Vary times of contact (weekends and evenings)
- Call the Lead Node Tracking & Retention Coordinator for web searching assistance
- Send certified letters to confirm receipt
- Use "Forwarding Address" stamp
- Confirm / refute deaths





# Strategies for Overdue Participants



- **National Tracking Coordinator routinely monitored overdue participants**
- **For participants resistant to completing a follow-up:**
  - Maintain frequent, multiple contacts with participants between follow-up assessment visits
  - Offer a phone interview as an alternative
  - Offer to meet participants in the community
  - Remind them that they will be compensated \$75 for each completed follow-up
  - Offer transportation to the follow-up site
  - Call & conduct assessments with participants on weekends & evenings
  - Broad time windows for follow up visits

# Key Elements of Success



## ● Recruitment

- Select appropriate ED sites
- Balance eligibility requirements
- Staff training and monitoring
- Assure acceptance of research and recruitment staff by ED staff
- Technology

## ● Retention

- Frequent letters and calls to participants and locators
- Technology
  - ✦ Email, SMS, web searches
- Interviewing flexibility
  - ✦ Telephone and community-based interviews
- Alternating trackers and times of tracking
- Weekly tracking and retention meetings



# Questions?

