Developing a nurse-led service to reduce alcohol-related harm

Alcohol misuse is the third-largest preventable cause of ill health and premature death in England, resulting in 1.2m alcohol-related hospital admissions and 15,000 deaths in England each year (Health and Social Care Information Centre, 2017). Public Health England suggests that the cost of alcohol-related health problems in Tameside was £598.46m in 2013 – equating to £448 per head of population. The scale of harmful alcohol use is significantly higher in Tameside than the national average (Bit.ly/TamesideAlcohol).

In our organisation we identified an inconsistent approach to the management of patients with acute alcohol problems, variable clinical outcomes, protracted hospital stays, high levels of readmissions and a lack of routine screening for alcohol harm in emergency departments and on the wards. We identified that staff did not have access to alcohol awareness training.

Hospital alcohol liaison service

We planned to develop a hospital alcohol liaison service (HALS) with the aim of screening all patients attending the emergency department for alcohol-related harm and ensuring specialist onward referral when required. We needed clinical pathways that reduced the risks from liver disease and optimised pharmacological intervention. This required a skilled workforce who were confident to screen, and able to refer patients to specialist alcohol services.

We also wanted to improve patient experience and ensure services reflected patients’ individual needs while reducing variability in clinical approaches.

Establishing the service

We launched the HALS service in 2013, and have met our aims by developing:

- Comprehensive education programmes for all staff within the trust and the community;
- An acute alcohol protocol for management of alcohol withdrawal syndrome;
- A seven-day HALS response service to all clinical areas;
- A seven-day nurse-led detoxification clinic;
- Nurse-led liver fibroscan service to assist in early identification of liver disease.

All changes were launched with an information and education cascade to all clinical staff. We followed this with regular auditing to assess and monitor compliance with these changes.

Individual enthusiasm was harnessed by creating ‘champion’ nurses who act as ambassadors for best practice and support the cascade of information to clinical staff across the trust.

A gap analysis was undertaken in 2013 to identify potential pathway improvements, and resulted in the launch of an ambulatory detoxification clinic in 2014 to improve patient experience and reduce hospital length of stay. The clinic is flexible and designed to respond to patients’ needs.

Outcomes

The initiative is formally evaluated every three months against both qualitative and quantitative key performance indicators. Nearly 4,000 patients have received specialist HALS interventions and 84% of 286 patients who undertook emergency and ambulatory detoxification programmes have remained abstinent for over six months. All patients identified as harmful drinkers have received HALS interventions and alcohol screening is now fully established in the emergency department for all attendees aged over 10 years. There is a trained alcohol champion in every ward and integrated pathways, protocols and processes are now fully implemented.

Length of stay of patients with alcohol-associated conditions has reduced from 4.7 days in 2012-13 to 1.4 days in 2016-17 and readmission in the emergency department has significantly reduced. Patient experience has remained core to service delivery and patient feedback has been extremely positive.

Future plans

We are now planning to develop a foetal alcohol spectrum disorder (FASD) pathway for pregnant women whose foetus is at risk of FASD, alongside an expansion of our liver-harm fibroscan service.

The ethos for the service has been to re-shape our approach to both the identification of alcohol-related harm and the interventions thereafter. Nurse innovation has been the single key driver to securing the significant improvements in our service to patients. NT

Implications for practice

- Discussing alcohol-related harm with patients can be difficult and challenging for nurses
- Education is key in supporting staff to undertake alcohol harm screening with all patients
- Alcohol harm prevention should be a core skill for all registered nurses

Author

Kerry Lyons is alcohol specialist nurse and service lead for the hospital alcohol liaison service at Tameside and Glossop Integrated Care Organisation.

Citation

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References


This initiative won the award for Emergency and Critical Care in the 2016 Nursing Times Awards