

Improving the Effectiveness of Screening and Brief Advice for Alcohol in Patients Coming into Hospital

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1. Background & Aim

Over 10 million adults in England are regularly drinking at levels which put them at increasing risk of alcohol-related harms to health.¹ There is evidence that identifying these patients using three screening questions (the Audit C) and giving brief advice to those who need it is effective in reducing harmful drinking.² This project worked with two Trusts, University Hospital Southampton (UHS) and Hampshire Hospitals Foundation Trust (HHFT). UHS have a relatively well-developed system of universal screening of patients carried out by the medicines management technicians (MMT), and HHFT has a less systematic approach which varies across site and ward.

Aim: To improve the effectiveness of screening and brief advice for alcohol in patients with harmful levels of drinking by increasing the awareness of alcohol harms and the confidence of staff delivering screening and brief advice over the next six months.

2. Project Design

- Review of data on current screening** and construction of pareto charts to identify the need for screening and brief advice in harmful drinkers at both Trusts, and to identify MAU and Frailty wards at HHFT (Winchester) as locations to implement alcohol screening.
- Staff shadowing** of 3 MMT at UHS to observe current practice of screening and brief advice and to identify challenges and examples of great practice.
- Staff engagement:** Two sessions with whole MMT group at UHS and individual semi-structured interviews with staff at HHFT MAU and Frailty wards.
- Patient engagement** via short structured interviews with 20 patients on medical wards at UHS.
- Plan-Do-Study-Action (PDSA)** cycles to trial changes identified by staff.



Feel awkward asking - some patients are more difficult to ask

World crashing around patient then trying to have conversation on bereavement or separation or personal life changes

Feels intrusive, do we have the right to tell them what to do?

Not confident calculating units

Conversations with patients who have a problem but are not aware of it can be difficult

Examples of staff engagement responses: Barriers to screening for alcohol

3. Changes Made

- Training** on how to ask Audit C screening questions and calculate patients' units of alcohol at HHFT and **Healthy conversations training** for staff at both Trusts to help confidence with difficult conversations around alcohol.
- Resource box** with leaflets and information for staff and patients about alcohol harms and tips on cutting down put on MAU at HHFT, and **unit calculator wheels** to aid calculation of alcohol intake provided for MMT at UHS.
- Patient stories** from recovering alcoholics collected and used for MMT training and motivation at UHS.
- Feedback** on ward progress and **individual trouble-shooting** at HHFT.

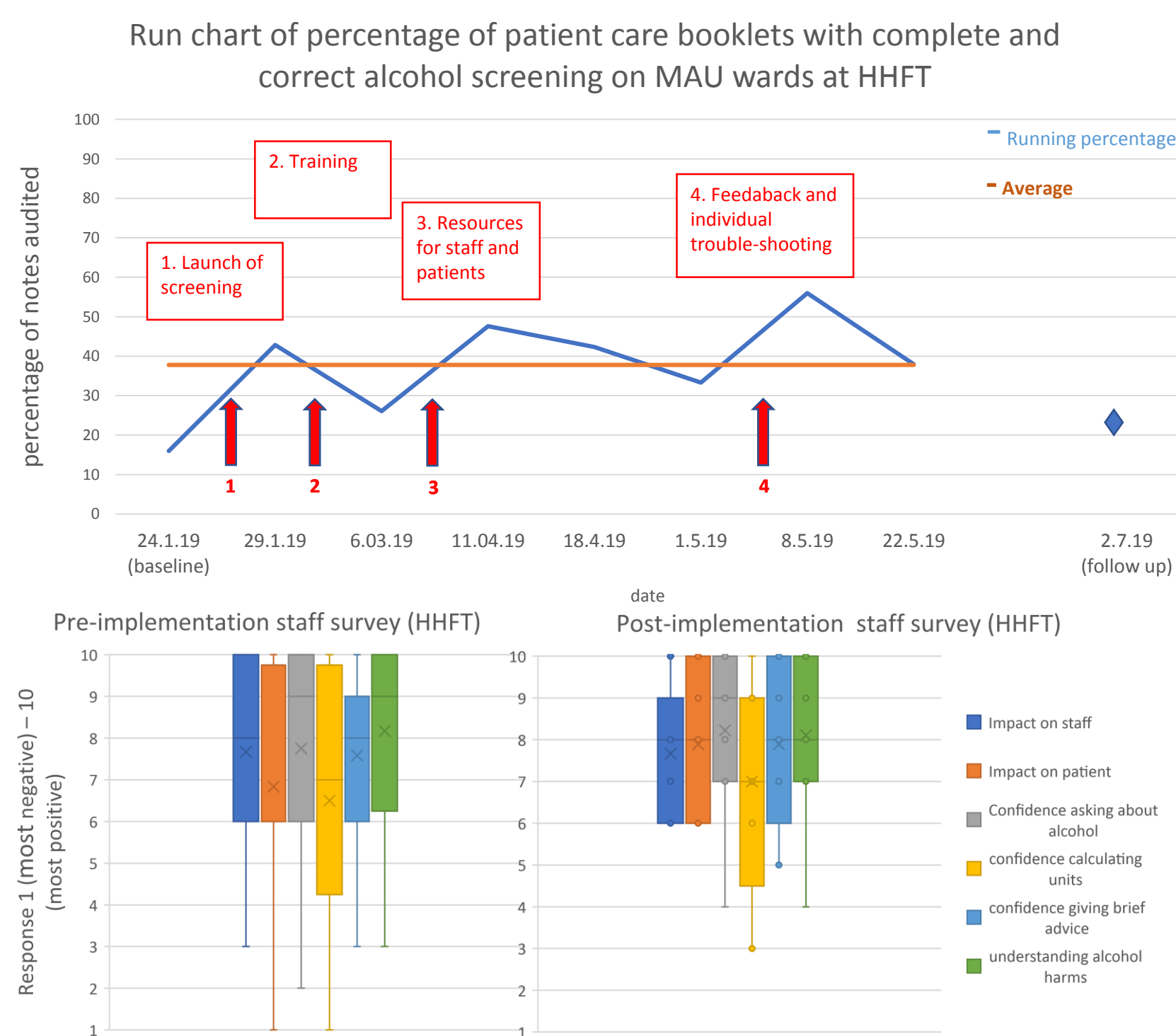
4. Outcomes

HHFT

- An overall increase in screening and brief advice for alcohol seen, but changes not sustained on follow-up.
- Similar average scores for perceived impact, confidence and understanding of screening on staff survey but reduced variation and negative scoring on each measure suggesting some improvement post-implementation.
- Balancing measure - No change in referrals to the alcohol care team

UHS

- Pre-intervention staff survey showed low confidence and perceived competence at screening. Post-intervention survey awaited.
- Implementation of changes ongoing.



5. Lessons Learned

- Common problems and solutions** - the same themes and change ideas emerging at two different Trusts.
- Challenges of working with teams who don't know you – **being seen and showing an interest** in their work and priorities is key.
- Challenges of initiating and sustaining change** in the absence of a stable and committed project team in one Trust Vs ease and benefits of a strong project team in other Trust.
- Next Steps:** to complete implementation of changes at UHS, and to propose the MMT model of screening as a sustainable option at HHFT.

Project Teams

UHS:

Dr Julia Sinclair - Associate Professor of Psychiatry, Faculty of Medicine
Lindsay Steel - Principal Medicines Management Technician
Anya Farmbrough - Alcohol Clinical Nurse Specialist

HHFT:

Dr Harriet Gordon - Clinical Lead Gastroenterology HHFT
Jeanette Cray - Specialist Nurse Practitioner Alcohol Intervention Team HHFT
Rebecca Osborn - Specialist Nurse Practitioner Alcohol Intervention Team Lead HHFT
Jo May - Matron, Frailty ward HHFT
Laura Osman - Matron, McGill ward HHFT

References:

- Burton R et al: The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review. PHE, 2016.
- National Institute for Health and Care Excellence: Alcohol-use disorders: prevention: Public health guideline NICE; 2010