

An Alcohol Withdrawal Care Bundle for Acute Hospitals

Initial findings from our project and key recommendations for care

In partnership with staff working in acute settings at Northwick Park Hospital (NPH), we developed an alcohol care bundle to improve the experience of care & long term well-being of alcohol dependent patients.

Liaison Psychiatry referrals recorded on CNWL patient info system from 1st April 2016 to 31st January 2017 indicate that around 334 people experienced alcohol related problems while in-patients at Northwick Park Hospital (NPH). But for the same period on NPH data systems, 552 in-patients were given a primary alcohol use disorder related diagnosis (F10) after discharge (clinical coding from medical notes). See charts 1, 2 & 3.

Alcohol-related referrals from the wards tended to focus on acute medical management of alcohol withdrawals, which limits time for psychosocial interventions by the Alcohol Care Team (ACT). It was also common for people to be referred a few days after admission, and there were cases of severe withdrawals leading to serious untoward incidents.

NICE guidelines (PH24, CG100, CG115) have clear recommendations on identification and withdrawal management for alcohol use disorders. LNWH Trust has alcohol management protocols which comply with NICE standards. We proposed developing an alcohol care bundle which identifies key interventions to treat alcohol withdrawals, and recognise those patients at risk of withdrawals. This poster shows some of the early findings from that project.

Project overview

A care bundle is a group of interventions that ward nursing staff and medical colleagues should carry out to ensure that treatment is given in a timely and consistent way.

Some of our intended outcomes are

1. Reduction in the incidence of severe withdrawal in hospital
2. Improved prescribing of Chlordiazepoxide and Thiamine (Pabrinex)
3. Use of a validated alcohol withdrawal scale (AWS)
4. More appropriate referral to ACT

In August 2016, we launched a pilot Alcohol Withdrawal Care Bundle on the four wards of the acute admissions unit (AAU). There had been a trial on the wards for three months earlier in the year (April to June). Feedback from ward staff was used to improve the tool within a Plan – Do – Study – Act framework.

Training was provided to nurses on AAU wards in March 2016, and revisited later in the project to allow for staff changes. Induction for medical staff also included basic alcohol awareness, and how to use the care bundle. Trust bulletins and medical rotation induction sessions also promoted its use.

The care bundle was based on LNWH Trust policy, with project findings to be implemented across all sites when the six month pilot ends. Our forms are available on request.

Audit scope and methods

Case notes are being retrospectively audited for referrals to ACT from AAU wards. We selected patients who started the care bundle on those wards. Exclusions were made if discharged or transferred to another ward outside the AAU within 48 hours of emergency admission, or if alcohol withdrawal management was not required. Although case notes are scanned and electronically archived for AAU, this is not so for other wards, so paper notes will now be audited for cases where no scan was found.

To show the potential scope for an alcohol withdrawal care bundle within the trust (four general hospitals in West London), the following charts give some figures for the identification of alcohol use disorders through clinical coding.

Findings: Referrals for patients with alcohol problems April 2014 to January 2017

Chart 1: Alcohol diagnoses for patients admitted to acute Trust (LNWH).

(Y axes below are number of cases. Excludes ED referrals and ward admissions less than 24 hours. LNWH coding is retrospective and so when this poster was produced there were missing cases from December 2016 onwards.)

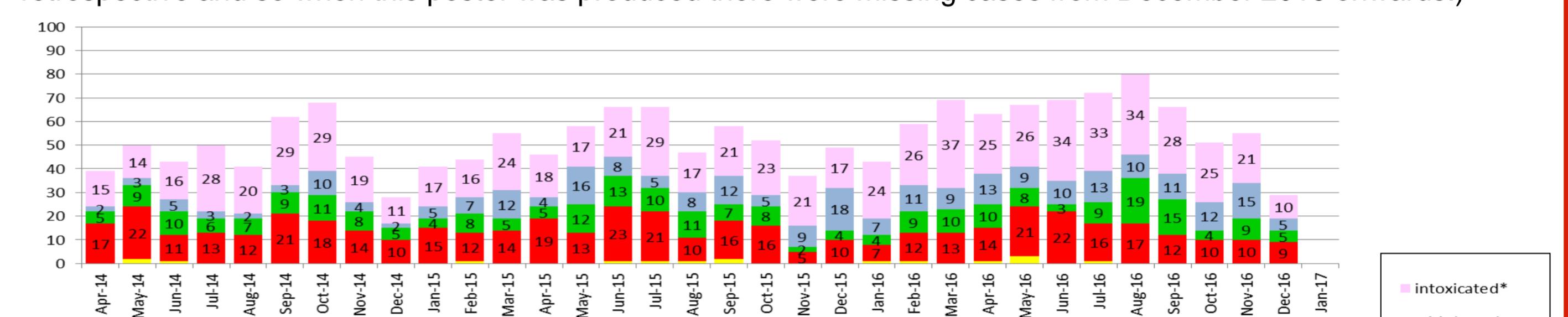


Chart 2: Alcohol diagnoses for patients seen by alcohol care team (CNWL).

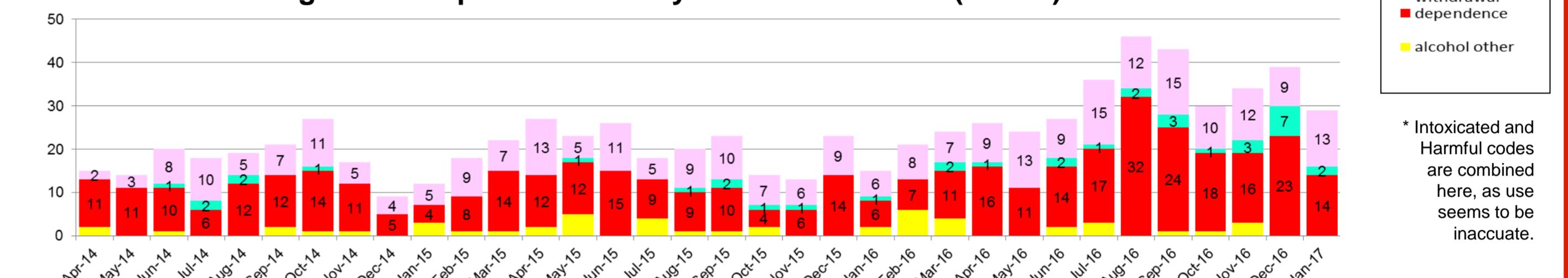


Chart 3: Alcohol cases identified for admissions and ACT referrals (totals from C1 and C2).

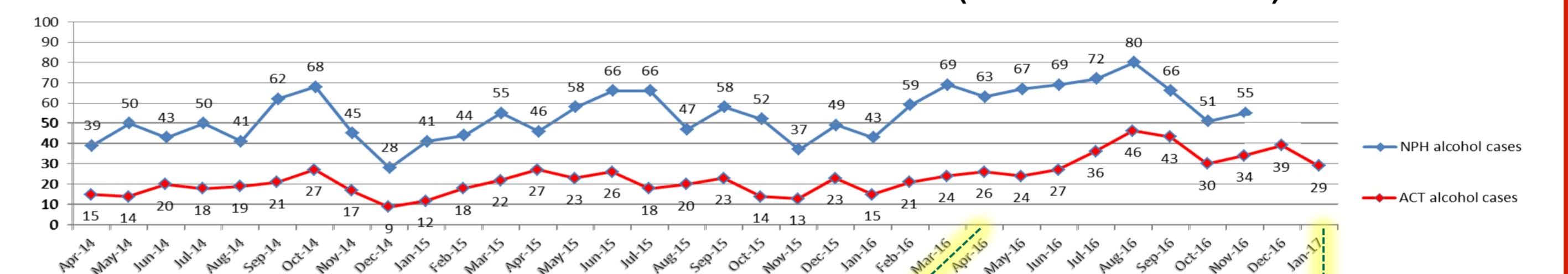


Chart 4: Alcohol diagnoses for Care Bundle study

There are 190 cases in AAU study. Some have no alcohol use disorder diagnosis in the LNWH systems, but often have a physical health diagnosis attributed to alcohol (eg Alcoholic liver disease, cirrhosis, hepatic failure; Alcohol-induced chronic pancreatitis; Alcoholic gastritis) and further diagnoses that might be suspected to be alcohol-related (eg seizures, collapse, cancers)



NPH alcohol diagnosis summary

- no alcohol code
- intoxicated
- withdrawal
- dependence & withdrawal
- dependence

Discussion

As can be seen in Chart 4, there has been a reduction in cases with no alcohol code (final two months pending). While the monthly recruitment to the study dropped, the over-all number of admissions referred to ACT has increased (Charts 2 & 3). There were changes in ward