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Article on Alcohol Audit 2018 and Recommendations

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Abstract

Objectives: It is recommended that all patients clerked during A&E assessment should be asked for alcohol consumption history and positive cases should be identified at same time. This study explored about percentage of patients who are missed for alcohol consumption history and indirectly do not get support for alcohol cut-down. We suggested at the end of this Audit, that old AUDIT-C forms printed in A/E clerking forms should be replaced by new AUDIT C forms, and should be filled by patients rather than junior doctors.

Design: We handed over newly printed AUDIT C forms to admitted patients in various wards of hospital and once returned to us we compared the alcohol consumption score with the score mentioned in old AUDIT-C forms which are part of A/E clerking forms. Setting

- 06 wards in Princess Alexandra Hospital, Harlow.
- Participants
- 51 admitted patients.
- Main outcome measures

To find the number of patients, positive for excessive alcohol consumption and how many of those were diagnosed and offered help during A/E clerking.

Results: We screened fifty one patients admitted in 6 wards randomly, through this audit, 21/51 (41%) patients were AUDIT_C positive. Almost half of these positive cases were neither clerked for their alcohol history nor offered help for alcohol cut-down. These patients, although, were admitted with different diagnosis but still at high risk for alcohol related disorders e.g. Alcoholic liver disease etc.

Conclusion: We found that number of positive cases during this audit (41%), were significantly high when comparing to those in 2017(31%) and 2016(27%) audits. Despite such high rise in number of positive cases, the half of patients remained no clerked during A/E presentation. Data obtained from this audit were used to guide operational changes to improve the process of alcohol history recording in A/E pro forma.

Keywords: Alcohol risk; Liver; Patients

Introduction

Currently used A&E clerking pro forma have printed AUDIT C form included in them which is supposed to be completed in A&E by junior doctors during initial history taking. However, it has been noted on various occasions that these forms go unfilled till the end of hospital admission course and most of patients are never clerked for this important social history section.

In order to understand about the number of patients whose alcohol intake history was missed in A/E we conducted and audit. The basic idea was to understand whether filling of AUDIT C forms by patients was practically possible or not and if yes then how it would differ from conventional way of forms filling by A&E doctors.

Study Setting, Observations and Data Analysis

We chose 6 wards at the Princess Alexandra Hospital Harlow to conduct the audit. We requested 51 patient admitted in those wards to fill the new AUDIT C form which was simply a questionnaire asking three simple questions

(1) How often do you have a drink containing alcohol?

(2) How many of units of Alcohol do you drink on a typical day?

(3) How often have you had 6 or more units if female, or 8 or more units if male, on a single occasional in the last Year?

There was a total score of 12 for these questions and anyone with score of 5 or above was taken as positive for excessive alcohol consumption. These forms were different from conventional forms used in A&E because in new forms we included pictures of filled glass, bottle and cup etc. telling the patients clearly that how much a single unit could mean. We observed that various patients found it easy to

know about measurement of units, and scoring themselves as positive or negative.

Data analysis

Data was also obtained from clerked forms in A/E, analyzed and comparison was made with above observations done during audit.

Results

We found that 21/51 patients were positive for excessive alcohol consumption. On checking the A/E clerking forms of these 21 cases, we noticed that 10 out of these patients were not clerked for alcohol intake in A/E forms. In other words it could mean that almost 50% positive cases were not asked for alcohol intake history at presentation due to which they remained undiagnosed for being positive till the time of this audit. With such a high ratio of missing positive cases, we suggested some solutions for minimizing the number in future.

Suggesting the Possible Solution

We suggested that the old forms present in A/E clerking forms should be removed and new forms need to be introduced containing above mentioned questions. Each new form should have clear depiction about measurements of units with picture of glass and bottle so that patients filling those forms know clearly about what a unit is meant? Moreover, the forms should be handed over to patients by health professionals as soon as clerking is started and patients will fill these forms rather than junior doctors. Patients after filling these forms would hand over to A/E staffs who are supposed to attach them to patients admission file. Simultaneously, those who found positive for excessive alcohol usage should be offered to see alcohol support nurse and if patient consents, a referral can be sent straight forward from A/E. This will help to reduce the number of positive cases missed during clerking, and indirectly they may be made aware of need to reduce the alcohol consumption during this admission regardless of medical condition they are being treated for.

This audit (2018) was sequel of previous audits done in 2016 and 2017 where numbers of positive cases for alcohol consumption were increasing steadily, each time. This audit focused on those numbers of positive cases who were admitted in the hospital due to various diagnosis, got treated and discharged with no further attention given to their excessive alcohol consumption. Further, when we scrutinized the medical record of those patients during admission we found that approximately 50 percent of patients were not clerked for alcohol audit C section initially, and hence it went missing till discharge from hospital. Keeping with such a high score of 41% for positive alcohol cases found in this audit and considering that almost half of those cases were neither clerked nor offered alcohol support this audit suggested some possible solution to minimize this figure. We suggested that in order to reduce this high number, the root cause need to be addressed. Due to high inflow of patient in emergency department, understaffed circumstances, and focusing on current issues may be causing audit C forms left not clerked. Therefore it more practical to remove the audit C section from clerking forms and print it as separate forms with more detailed depiction of what a unit means and how it is measured. Those forms should be handed over patients itself when they present to emergency department and all positive scored forms should be forwarded to alcohol liaisons department who can make sure that these patients are given all kind of alcohol support before they get discharged from hospital. Also, putting the pictures what a unit is meant would help patients understand about how to measure units and score them because forms used in this audit these pictures had printed on them as a result of which all patient filled these form easily. Implying these measures would benefit the society in reducing the number of alcohol related liver disorders by timely diagnosis and early necessary intervention.