The Cost of Alcohol
Frequent Attenders: Staging an Intervention

K. Adams, E. Clarke, R. McCorry

The Liver Unit
Royal Victoria Hospital
Belfast Health and Social Care Trust
Background

- Alcohol related harm is estimated to cost Health and Social Care (HSC) in Northern Ireland £250 million annually.\(^1\)

- A previous audit of all referrals to the alcohol liaison service in the Belfast Trust in a six month period (Feb to Sept 2014) revealed that of these 176 referrals:
  - Eight (4%) patients contributed 31% of attendances and admissions.
  - These individuals had at least 10 ED attendances or hospital admissions in the 6 months before or after a brief alcohol liaison nurse consultation.\(^2\)
Aim

• To evaluate the financial cost of attendance and admissions of these 8 frequent attenders in one year.
Methods

• The frequent attenders’ records were reviewed to obtain:
  
  • the number of ED attendances
  
  • number of hospital admissions and length of stay
  
  • Over a 12 month period
  
  • Coding and discharge summaries were reviewed to assess the reason for admission and if alcohol had contributed.
  
  • Costing estimates were obtained from the department of health.\textsuperscript{3}
Results

• In a single year the 8 patients:
  • attended ED on 182 occasions
  • accounted for 104 admissions
  • occupied 231 hospital bed days (Mean 2.2, median 1, range 1-74)

• Of the 104 admissions:
  • 71 admissions were directly related to alcohol.
  • Alcohol was a probable contributing factor in a further 28.

• Based on average cost of ED attendance of £114 and hospital bed day of £273, these 8 patients in one year cost the HSC £83,811. 3
Intervention

• A small cohort of patients has been highlighted with recurrent alcohol related presentations and admissions, suggesting that current intervention attempts are insufficient.

• Salford Royal Hospital have set up an Alcohol Assertive Outreach Service, which may be part of a solution for these patients.

• It resulted in a net saving of £256,500 in its second year.$^4$

• It resulted in a 59% reduction in Emergency Department attendances and a 66% reduction in average monthly hospital admissions.$^4$

• Christo inventory for substance misuse services (CISS) scores fell from 11 preintervention to 8 postintervention.$^5$
Alcohol Assertive Outreach Team

- Concept from field of psychiatry - to engage poorly compliant patients.

- MDT with medical, psychiatric, substance misuse, psychology, nursing and social work specialists.

- National database identifies top 30 frequent alcohol-related attenders. The team case manages them in community for 6 months.

- Also work proactively with any who have had 2 alcohol-related admissions within a short period of time.

- Input involves personalised care plans, with assertive approaches such as repeat phone calls and home visits.

- Common strategies include fast access to alcohol detoxification; appropriate referral to outpatient specialties and support in getting there; psychological support; facilitating housing solutions; and robust responses to violence and aggression.\(^5\)
Long Term Impact

• Between January 2013 and October 2015, the Alcohol Assertive Outreach Service in Salford has continued to reduce alcohol-related Emergency Department attendances and hospital admissions by 60-70%. ⁴
Conclusion

• A small cohort of chaotic patients with alcohol dependence have the potential to cause a massive health economic impact.

• The establishment of alcohol assertive outreach teams (AAOTs) within Northern Ireland has potential to allow intensive case management of patients with multiple alcohol-related attendances, leading to:

  • a reduction in alcohol-related attendances and admissions

  • a financial saving

  • improved patient care.
Conclusion

- BHSCT have plans to commence an AAOT in June 2016 with 2 outreach workers supplied by Addiction NI.
References


