

An Integrated Service Response to Substance Misuse Presentations to WRH

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Background

- Project commenced 2003

Innovation by the South-east Regional Drug Co-ordination Unit, Waterford Substance Misuse Team and Waterford Regional Hospital

- Aim:

To provide a comprehensive assessment, early interventions and referral pathways for clients who access services at WRH following misuse of alcohol/drugs



Alcohol: Harm Reduction Strategies

Strategic Task Force on Alcohol 2004

Recommendation 7:

- Establish a national screening protocol for early identification of problem alcohol use for all relevant sectors of the health setting

National Drug Strategy (Interim) 2009-2016

- Recommendations 36 & 37 identify screening, the provision of brief interventions and the development of referral pathways as a priority for Emergency Departments

Context

- An average of 38% of attendances to ED's have engaged in problem alcohol use (Hope et al, 2005)
In WRH this would equate to approx 22,800 presentations each year
- Substance misuse presentations increase to over 80% at peak times (Hope et al, 2005)

Context

- Approx €1.2b spent in 2007 on treating alcohol related illnesses and accidents
 - 10% of health budget (Byrne, 2010)
- 10% of bed-days between 2000-2004 were alcohol related (Martin et al, 2011)
- Early intervention programmes such as the SMLO project have a cost savings ratio of 1:5.6 (Murtagh, 2010)



Initiation of the SMLO Project

■ Preparation

- Identify key personnel/supports
- Establish a multidisciplinary advisory group
- Define aims and objectives in terms of pt care
- Supporting documentation

■ Planning

- Identify referral and care pathways
- Develop supporting protocols and guidelines
- Develop training/education programmes



Initiation of the SMLO Project

- Develop an implementation plan
 - Identify key pilot sites
 - Identify and utilise screening tools
 - Targeted training
 - On-going support

- Build Commitment
 - Utilise Advisory Group
 - Provide regular updates/reports
 - Early identification of potential barriers
 - Implement policies



Initiation of the SMLO Project

- Integration into everyday practice
 - Monitor & evaluate programme
 - Identify key strengths & ways of overcoming barriers
 - Provide on-going support
 - Provide positive feedback
- Evaluating and Learning
 - Ensure regular audit & evaluation
 - Actively promote and provide assistance to similar projects



Principal Roles & Responsibilities

■ Clinical Intervention

- Screening, Brief Interventions and Development of Care Pathways

■ Liaison – Integrated Model of Care

- Community Groups, Voluntary Groups and Statutory Services

■ Provision of Advice & Consultancy

- Management, Detoxification and Care Plan Development



Principal Roles & Responsibilities

- Staff Training & Development

- Policy Development
 - Alcohol Withdrawal Syndrome
 - Opiate Withdrawal

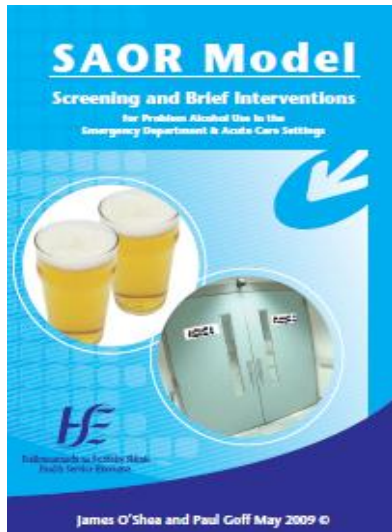
- Data Collection
 - Health Research Board



Outcomes

- Effective screening & intervention systems are in place
- An operational integrated system of care is in place
- Training initiatives have improved health professionals role legitimacy and role adequacy ensuring SBI is now routine practice in WRH
- Opiate and alcohol detoxification protocols have been developed
- The SAOR Model of SBI has been developed in WRH

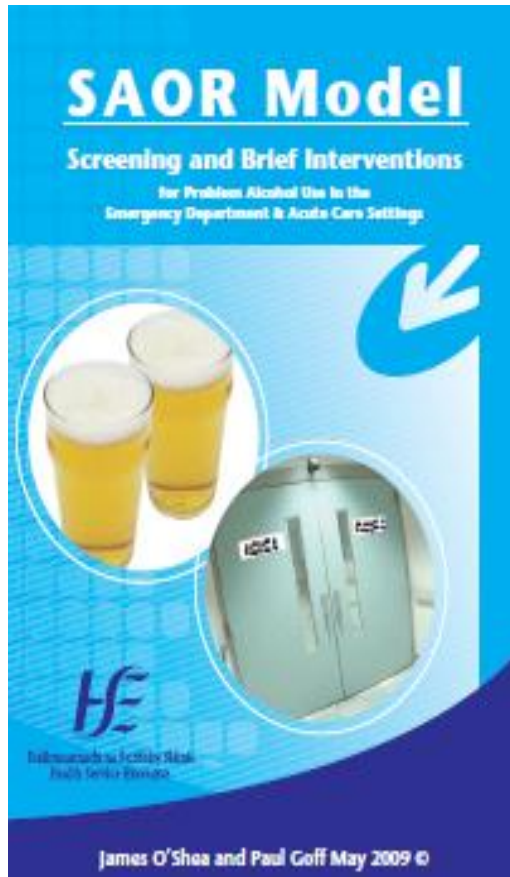
SAOR Model of Screening & Brief Interventions (SBI)



- Innovative model of SBI
- Developed and piloted in WRH by Jim O'Shea and Paul Goff
- Collaboration between the Substance Misuse Service and the Regional Centre for Nurse/Midwifery Education

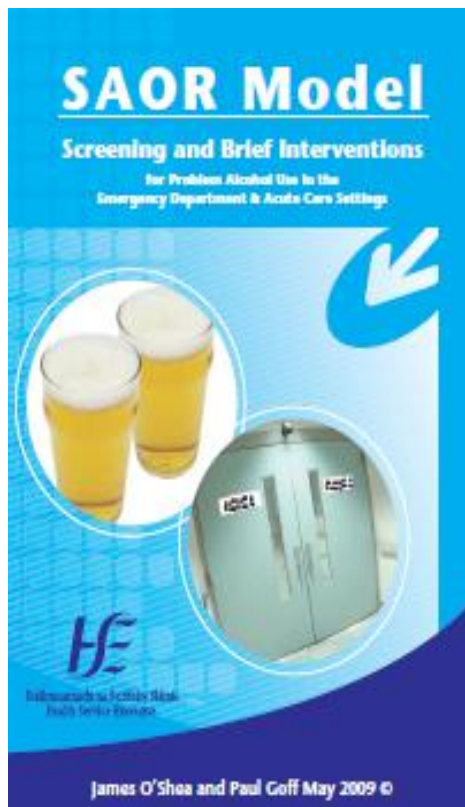
- Adopted by the transformation programme '*Towards a Framework for Implementing Evidence Based Alcohol Interventions*' and the ONMSD as a model of best practice and a national standard for SBI training

SAOR Model



- Evidence-based
- Client centred
- Ensures client remains at the centre of the care system
- Clients needs are addressed at the first point of access
- Ensures these 'Teachable Moments' are utilised to their optimum

SAOR Model



- Accentuates the support/relationship building aspect of BI
- Sequences the intervention in a logical & user friendly manner
- Provides practitioners with a step by step guide to SBI
- Includes all the key steps of:
 - Building the therapeutic relationship
 - Offering advice and feedback
 - Offering assistance
 - Ensuring appropriate referral & follow up

Recommendations

- Implement recommendations from Substance Misuse Strategy supporting SBI
- Develop protocols to support changes in practice
- Promote collaboration between acute hospitals, primary care and community services
- Promote interdisciplinary working and integrate care planning
- Promote interdisciplinary training
 - ‘people should train as they work’
- Incorporate Substance Misuse Liaison Services into Acute Hospital Care
 - This project can and should be replicated across all acute care services nationally