Reducing Alcohol-Related Admissions through the RADAR (Rapid Alcohol Detoxification Acute Referral) Project: An Acute Trust Perspective

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Alcohol misuse imposes a massive burden upon acute medical services with annually 1.2 million acute medical admissions being attributed to alcohol. Traditional acute trust approaches involve pharmacological withdrawal without any psychological therapy. We aim to improve recovery from alcohol misuse and reduce acute medical readmissions through the rapid transfer of patients to an acute specialist alcohol detoxification unit (RADAR). RADAR is an Acute Referral Pathway with beds based at Prestwich Hospital Chapman Barker Unit part of Greater Manchester West NHS Mental Health FT. The unit provides acute referrals for alcohol detoxification from 12 Acute Trusts in the North West.

Aim

Alcohol misuse imposes a massive burden upon acute medical services with annually 1.2 million acute medical admissions being attributed to alcohol. Traditional acute trust approaches involve pharmacological withdrawal without any psychological therapy. We aim to improve recovery from alcohol misuse and reduce acute medical readmissions through the rapid transfer of patients to an acute specialist alcohol detoxification unit (RADAR). RADAR is an Acute Referral Pathway with beds based at Prestwich Hospital Chapman Barker Unit part of Greater Manchester West NHS Mental Health FT. The unit provides acute referrals for alcohol detoxification from 12 Acute Trusts in the North West.

Methods

- Patients admitted with severe alcohol withdrawal were identified by nursing or medical staff. Medical staff assessed whether the patient was medically fit. The alcohol specialist nurse (ASN) performed a comprehensive assessment and arranged referral to RADAR unit if appropriate.
- Patients were acutely transferred and underwent a 7 day detox programme with associated therapy in a dedicated facility. Aftercare with community alcohol follow up was arranged to improve long term outcomes.
- Ongoing alcohol use and acute hospital readmissions were monitored.

Over a six month period until May 2013:
- 39 were accepted
- 1 did not meet criteria
- 1 medically unwell
- 1 refused transfer
- 2 self discharged before transfer

Bed days saved on the 39 transferred patients equates to 207 nights. 22% patients were transferred directly from A&E and so were not admitted, and a further 33% did not stay overnight prior to transfer.

At three month follow up, 64% RADAR patients remained abstinent or were controlled drinkers, 75% of patients had no readmissions to acute hospital during this period. There was a 58% reduction in admissions in the three months following RADAR detox as compared to the previous three months. Figures available for the first 24 patients indicate a reduction in hospital costs of £24,713.

Conclusion

Rapid access to a specialist inpatient alcohol detox unit reduces acute medical bed usage and reduces alcohol-related readmissions for patients admitted to an acute trust.

References

1) The Government's alcohol strategy March 2012 p3
2) NICE Clinical Guidelines 115-Alcohol use disorder. Diagnosis, assessment and management of harmful drinking and alcohol dependence. Assessment in specialist alcohol service.