Implementing the alcohol specialist nurse service within Salford Royal EAU/AAA

Ruth Brown

&

Hailey Pennington
• Aim of ASN role
• Integration of ASN
• Alcohol screening
• Pathways, policy, protocol and leaflet
• Outpatient input
• Sign posting
• Results
Why Role developed

- Standardize care trust wide
- Reduce LOS
- Improve the patient journey
- Policy development / audit review
- Prevent the revolving door patient
- Prompt referral on to other services and signposting
- Reduce V+A
Integration

- Shadowed A+E, EAU + AAA staff on different shifts to get a feel for area/work load, encouraged staff to shadow us
- Constantly introduced ourselves to anyone who would listen, did any written work at nurses station computer so we became a familiar face (eventually offered brew etc.)
- Posters for service put up in high impact areas with ASN contacts (and replaced as removed)
- Celebrated success ensured N/S were informed of this
- Patients stories at directorate meetings to highlight positive practice and areas for improvement
- Became part of advanced V+A training (as mandatory for all staff)
- Screen savers to remind staff of policy/protocol.
- Link Nurse’s (35 Trust Wide) who help ASN cascade information down to wards and departments.
**FACT:** the North West has higher than the national average rates of alcohol consumption.

**FACT:** in 2007/8 the northwest had 151,400 admissions related to alcohol consumption – the highest in England.

**ALCOHOL WITHDRAWAL CAN CAUSE CONFUSION, AGGRESSION AND SEIZURES**

**MAKE THE PADDINGTON ALCOHOL TEST PART OF YOUR ADMISSION CHECKLIST**

**IF YOUR PATIENT PAT + CONTACT ALCOHOL NURSE SPECIALIST - BLEEP 2130 AND START THE :**

**Use CIWA SCALE to assess severity of withdrawal symptoms**

**ASK DOCTOR to prescribe detox if indicated**

Give 20mg PRN chlordiazepoxide if CIWA 15 + (max 140mg daily)
When the document is saved, the relevant health issue will be added as described earlier.

If the score is 5 or higher, an ‘Alcohol Review’ care provider is automatically added against the patient when the document is saved.

This can be seen on the Patient Info tab under Care Providers.

ASN get ref via EPR as screen is completed from anywhere that is linked to ISOFT – EAU , A+E, CLINICS.
• At 9am each morning ASN receive an email containing; name, hospital number and ward of each patient who has been prescribed Librium within SRFT.
• ASN cross reference with all other referrals thus helping to ensure we do not miss any patients who have not already been referred by LD or EPR.
Screening ASN = AUDIT

- Developed WHO for primary care setting Drinking in the last year
- Widely evaluated higher sensitivity to detect hazardous drinkers than CAGE/ MAST.
- Shorter versions validated AUDIT C, AUDIT PC
- Sensitivity 92%, Specificity 94%.
- Predictive studies of outcome over 3 years (Conigrave et al 1995)
- 2-3 minutes to complete
- Score 8 - hazardous drinking
- 8-15 - Simple brief intervention
- 16-19 - extended brief intervention
- 20/> Referral to specialist service (Babor et al 2001)
AUDIT (Alcohol Use Disorders Identification Test)

One unit of alcohol is: 1/2 pint average strength beer/lager OR one glass of wine OR one single measure of spirits.

Note: a can of high strength beer or lager may contain 3-4 units.

1. How often do you have a drink containing alcohol?
   - 0 - Never
   - 1 - Monthly or less
   - 2 - 2/4 times a month
   - 3 - 2/3 times a week
   - 4 - 4 or more times a week

2. How many units of alcohol do you drink on a typical day when you are drinking?
   - 0 - 1 or 2
   - 1 - 3 or 4
   - 2 - 5 or 6
   - 3 - 7, 8 or 9
   - 4 - 10 or more

3. How often do you have six or more units of alcohol on one occasion?
   - 0 - Never
   - 1 - Less than monthly
   - 2 - Monthly
   - 3 - Weekly
   - 4 - Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - 0 - Never
   - 1 - Less than monthly
   - 2 - Monthly
   - 3 - Weekly
   - 4 - Daily or almost daily

5. How often during the last year have you had a feeling of guilt or remorse after drinking?
   - 0 - Never
   - 1 - Less than monthly
   - 2 - Monthly
   - 3 - Weekly
   - 4 - Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   - 0 - Never
   - 1 - Less than monthly
   - 2 - Monthly
   - 3 - Weekly
   - 4 - Daily or almost daily

7. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   - 0 - Never
   - 1 - Less than monthly
   - 2 - Monthly
   - 3 - Weekly
   - 4 - Daily or almost daily

8. Have you or someone else been injured as a result of your drinking?
   - 0 - No
   - 2 - Yes, but not in the last year
   - 4 - Yes, during the last year

9. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?
   - 0 - No
   - 2 - Yes, but not in the last year
   - 4 - Yes, during the last year

Record Total of specific Items here
If total over 8, alcohol use disorder very likely

This questionnaire was developed by the World Health Organisation to identify people whose alcohol consumption has become hazardous or harmful to their health.
Integrated Care Pathway

• Now on EPR (originally paper version)
• Was designed to commence in emergency areas, and if the patient was admitted to wards this pathway would follow.
• Standardizing care trust wide
• Giving the same message form the start of admission
Nurse to start pathway if patient:
- is on detoxification programme or
- is at risk of deterioration and requires close monitoring

Date pathway started..................................................Time..........................Ward/unit..........................

Date patient started on Alcohol Withdrawal Regime...........................................(leave blank unless/until started)

ALCOHOL WITHDRAWAL REGIME

- Doctor to initiate detox if clinically indicated. Ensure Senior Review, and refer to alcohol specialist nurse
- Caution to Benzodiazepines: asthma, reduced consciousness level, patient detoxified 5+ times previously

<table>
<thead>
<tr>
<th>Day</th>
<th>Chlordiazepoxide dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20mg qds</td>
</tr>
<tr>
<td>2</td>
<td>20mg qds</td>
</tr>
<tr>
<td>3</td>
<td>20mg qds</td>
</tr>
<tr>
<td>4</td>
<td>15mg qds</td>
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<tr>
<td>5</td>
<td>10mg qds</td>
</tr>
<tr>
<td>6</td>
<td>5mg qds</td>
</tr>
<tr>
<td>7</td>
<td>5mg bd</td>
</tr>
</tbody>
</table>

- Plus Chlordiazepoxide 20mg PRN, max 140mg daily. Halve doses for elderly.
- If withdrawal symptoms severe or past history of withdrawal fits, consider higher starting dose e.g. 30mg or 40mg qds
- If withdrawal seizures occur, give Diazepam PR or IV
- Parenteral B vitamins:
  - consider in coma/delirium from alcohol withdrawal
  - Pabrinex 2 pairs every 8 hours for 3 days if incipient or established Wernicke’s*;
    1 pair once daily for 3 days if high risk without Wernicke’s*
- Thiamine: 50mg qds po for 10 days
- Vitamin B compound strong; 2 tablets tds po long term

* PATIENTS AT RISK OF WERNICKE’S INCLUDE those with significant weight loss, poor diet, peripheral neuropathy, severe withdrawals or past history of severe withdrawals.
* WERNICKE’S IS CHARACTERISED IN 80% OF CASES BY CONFUSION ONLY - do not wait for full syndrome i.e. ataxia, ophthalmoplegia & confusion
CIWA AUDIT EAU/AAA

- **ALCOHOL SCORING AUDIT - EAU**
- Admission To EAU to completion of lifestyle screen
- 81 patient records reviewed
- 11 (13.58%) patients did not have a lifestyle screen completed
- Mean time of 70 (86.42%) patients for lifestyle screen completic **4 hours 33 minutes**
- Admission to EAU to completion of 1\textsuperscript{st} CIWA score
- 81 patient records reviewed
- 31 (38.27%) patients did not have a CIWA score completed
- Mean time for 50 (61.73%) patients for 1\textsuperscript{st} CIWA score to be completed = **8 hours 29 minutes**
- Time between 1\textsuperscript{st} CIWA & 2\textsuperscript{nd} recorded CIWA
- 81 patient records reviewed
- 48 (59.26%) patients did not have a 2\textsuperscript{nd} CIWA score completed
- Mean time for 33 (40.74%) patients between 1\textsuperscript{st} and 2\textsuperscript{nd} CIWA score = **7 hours 19 minutes**
- Mean score of 1\textsuperscript{st} CIWA completed
- 81 patient records reviewed
- 31 (38.27%) patients did not have 1\textsuperscript{st} CIWA score completed
- Mean score for 50 (61.73%) patients with 1\textsuperscript{st} CIWA completed = **13.9**
- Mean score of 2\textsuperscript{nd} CIWA completed
- 81 patient records reviewed
- 46 (56.79%) patients did not have 2\textsuperscript{nd} CIWA score recorded
- Mean score for 35 (43.21%) patients with 2\textsuperscript{nd} CIWA score competed = **13.1**
Observe Patient
Score = 1 - 4

4 HOURLY:
CIWA Score, BP, Pulse, RR and Sats.
If Score Increases
move on to appropriate Pathway

Score of 1 – 4 on 4 consecutive occasions
FINISH

MILD
Score = 5 - 15

4 HOURLY:
CIWA Score, BP, Pulse, RR and Sats.
If Score Increases
move on to appropriate Pathway

10mg Chlordiazepoxide at each 4 HOURLY Observation

Score of 1 – 4 on 4 consecutive occasions
FINISH

MODERATE
Score = 16 - 25

2 HOURLY:
CIWA Score, BP, Pulse, RR and Sats.
If Score Increases
move on to appropriate Pathway

20mg Chlordiazepoxide at each 2 HOURLY Observation

When score < 16 treat as MILD withdrawal and follow Yellow Pathway

SEVERE
Score 26 >

HOURLY:
CIWA Score, BP, Pulse, RR and Sats.

When score < 26 treat as MODERATE withdrawal and follow Orange Pathway

30mg Chlordiazepoxide at each HOURLY Observation

5 - 15
16 - 25
> 25

16 - 25
> 25
> 25

5 - 15
Why

- Patients not always prescribed Librium
- They sometime don’t tell the truth
- Quick identification leads to quick treatment backed up by CIWA score
- Empower nursing staff
- Reduce V+A

Who

- Qualified nurse with 2yr+ experience
- Completed training and passed competencies
- Annually updated
- A+E stall 70% trained (ongoing)
- EAU 95 %
- AAA 95 %
Alcohol: what you need to know

Ladywell Building
Alcohol Specialist Nurse
0161 206 0528
Sign posting and educational leaflets

Essential information for patients and carers regarding alcohol information and useful contacts

Ladywell Building
Alcohol Specialist Nurse
0161 206 0528
Treatment Resistant Drinkers

Continuing high risk drinkers harm reduction information sheet

Ladywell Building
Alcohol Specialist Nurse
0161 206 0528
Hospitalization for alcohol detoxification is indicated only when withdrawal is likely to be complicated. Community-based detoxification can be delivered on an out-patient.

The outpatient alcohol withdrawal service is aimed at inpatients whose withdrawal from alcohol is uncomplicated and who are medically fit for discharge before their detoxification regime is complete.

Patients will receive a 24 hour supply of Chlordiazepoxide on discharge then will visit the Alcohol Specialist Nurses on a daily basis until the withdrawal regime is complete.

At each visit the patient will be monitored for withdrawal symptoms and breath alcohol levels and, if compliant, will receive the next 24 hour supply of Chlordiazepoxide. These visits will allow the Alcohol Specialist Nurses to offer advice and support on withdrawing from alcohol.

Also referral on to services which can support long term abstinence from alcohol when detoxification is complete.
A&E Rapid Response Clinic

- For patients who have been reviewed in A&E but discharge as medically well but alcohol found to be cause of presentation
- Clinics x 3 weekly in A&E – to ensure strike whilst the iron is hot (teachable moment)
- Booking folder and clinic info behind A&E reception (on going education)
- Assess, review, treatment plan (weekly liver clinic), referral on and sign post.
Fibro scan

Criteria for referral
- Audit score of 16+
- Salford resident/GP
- No known liver disease
- No pacemaker
- Be able to lie flat

Recent Audit of the service

<table>
<thead>
<tr>
<th>Level of alcohol consumption</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported abstinence since referral</td>
<td>33.8 %</td>
</tr>
<tr>
<td>Patients now drinking &lt; 21 units per week</td>
<td>3.6%</td>
</tr>
<tr>
<td>Patients were high risk drinking &gt;50 units per week</td>
<td>43.9%</td>
</tr>
<tr>
<td></td>
<td>Apr-15</td>
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<tr>
<td>----------------------</td>
<td>--------</td>
</tr>
<tr>
<td>MI</td>
<td>77</td>
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<tr>
<td>IBA</td>
<td>29</td>
</tr>
<tr>
<td>O/P Detox</td>
<td>2</td>
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<tr>
<td>Repeat MI (SA)</td>
<td>8</td>
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<tr>
<td>Lifestyle IBA</td>
<td>517</td>
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<tr>
<td>Total Month</td>
<td>631</td>
</tr>
<tr>
<td>In/Pt detox</td>
<td>11</td>
</tr>
<tr>
<td>Ref to RADAR</td>
<td>4</td>
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<tr>
<td>Bed Days Saved</td>
<td>232</td>
</tr>
<tr>
<td>fibro scan ref</td>
<td>23</td>
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</table>
Who do we sign post to?
• Resource intensive – smaller caseloads.
• Holistic approaches – ‘we own it’, e.g. benefits issues.
• Number of interventions.
• Multi-disciplinary team focussed.
• Integral part of services / central part - ‘cog in the middle’.
• Case profiling – large part of what we do.
• Pro-actively work with ‘difficult’ patients.
• Psychology input – team psychologist.
• Anti-social behaviours management.
• Had positive results with ‘revolving door patients’.
• Strong links with hospital – on site / good relationships with ED / ASN’s.
• Links with other hospitals, including facilitating the local NW hospital alcohol nurses group.
• Unique approach – forward thin
## Alcohol Related Admissions (W.A.R.M.A.M.A.S)

**Period 1:** 01/10/2008 - 31/03/2009  
**Period 2:** 01/04/2009 - 30/09/2009

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Number</th>
<th>Date of Birth</th>
<th>Date of Death</th>
<th>Age</th>
<th>Score Period 1</th>
<th>Score Period 2</th>
<th>Current Rank</th>
<th>Change</th>
<th>Bed Days</th>
<th>HRG Tariff</th>
<th>A&amp;E Visits</th>
<th>A&amp;E Visits To Inpatients</th>
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<td></td>
<td>48</td>
<td>9,00</td>
<td>12,00</td>
<td>1st</td>
<td>3,00</td>
<td>36.34</td>
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<td>35</td>
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<td>11,35</td>
<td>2nd</td>
<td>7.35</td>
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<td>3rd</td>
<td>3,00</td>
<td>36.65</td>
<td>£35,509</td>
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<td>5,00</td>
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<td>5.00</td>
<td>31.65</td>
<td>£4,464</td>
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Volunteers Role Description

Role Title: AA Volunteer

Reports to: Volunteer Coordinator

Responsible to: Assigned Supervisor

Base/Department Alcohol specialist nurse office gastroenterology department

CRB Required: Yes

Main purpose of role:

1. To emotionally support people who have been identified as having an alcohol related issue, who request further input and support on their quest for abstinence on discharge from hospital.

Main tasks/overview of responsibilities

1. To support identified patients.
2. To ensure ASN is informed of any patient’s seen on the ward
3. To support the ASN and supply data on patients discharged who remain engaged in recovery at 3 months, 6 months and 12 months.
The objectives of the team, as outlined in the bid, were:

- Proactive screening of all admissions.
- Direct clinical assessment and evidence based interventions
- A holistic approach to developing effective discharge plans and follow up arrangements
- Mentorship and training via modelling to inpatient clinical staff
- Specialist consultancy and advice to the inpatient MDT’s
- An integral role within the CPA process
- Aid the development of effective integrated care pathways across substance misuse and mental health services
- Develop sustainable clinical competency and capacity within the district inpatient services in Bolton, Salford and Trafford
### R.A.D.A.R PROJECT REFERRAL FORM

#### SECTION ONE: INCLUSION CRITERIA

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient presenting to General Hospital with Alcohol Dependence</td>
<td></td>
<td></td>
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<tr>
<td>i.e. Audit C Score 5+ or Audit Score &gt; 20</td>
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</tr>
<tr>
<td>2. Patient requiring inpatient admission</td>
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<tr>
<td>3. Patient requiring medically managed inpatient alcohol detoxification.</td>
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</tr>
<tr>
<td>4. Patient identified as suitable for pathway</td>
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<tr>
<td>(i.e. not identified as inappropriate by local alcohol services, e.g. repeat failed alcohol detoxification, failure to engage with alcohol services)</td>
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<tr>
<td>5. Patient consents to pathway/consent to admission to the Chapman-Barker Unit.</td>
<td></td>
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</tr>
<tr>
<td>(If the patient lacks capacity for consent then identified as meeting criteria for Mental Capacity Act and best interest assessments indicate that they require detoxification at the Chapman-Barker Unit).</td>
<td></td>
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</tr>
<tr>
<td>6. Medical/surgical/psychiatric problem must be of a nature and degree that can be managed at the Chapman-Barker Unit</td>
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<td></td>
</tr>
<tr>
<td>(with/without virtual ward management arrangements).</td>
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</tr>
</tbody>
</table>

153 patients from SRFT have been referred to date.
• Being Well Salford is a new service that will support people to make changes to improve their health and wellbeing. It is for people who have multiple lifestyle risks – two or more of the following issues: smoking, unhealthy alcohol use, unhealthy weight, lack of physical activity and low mood or depression.

• The service is mainly made up of Being Well Coaches. They are trained through the University of Salford and are skilled in supporting behaviour change and will work either one-to-one or in groups with clients. Over time as the service develops they will also be supported by trained volunteers and apprentices.

• The service works alongside local agencies and organisations to identify people who can benefit from this support and connects people to activities and like-minded people, with the aim of helping them maintain their achievements.
<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER OF PATIENTS</strong></td>
<td>14</td>
<td>12</td>
<td>13</td>
<td>16</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td><strong>LENGTH OF STAY (DAYS)</strong></td>
<td>3 DAYS</td>
<td>10 DAYS</td>
<td>7.2 DAYS</td>
<td>4.9 DAYS</td>
<td>9.25 DAYS</td>
<td>5 DAYS</td>
</tr>
<tr>
<td><strong>TIME WHEN LIFESTYLE COMPLETED</strong></td>
<td>7 HOURS</td>
<td>*41 HOURS</td>
<td>19 HOURS</td>
<td>47 MINS</td>
<td>5 HOURS</td>
<td></td>
</tr>
<tr>
<td><strong>1ST ASN REVIEW</strong></td>
<td>11 HRS 21 MINS</td>
<td>33 HOURS</td>
<td>37 HOURS</td>
<td>25.5 HOURS</td>
<td>37 HOURS</td>
<td>24 HRS 20 MINS</td>
</tr>
<tr>
<td><strong>NUMBER OF CIWA COMPLETED</strong></td>
<td>9</td>
<td>15</td>
<td>14</td>
<td>17</td>
<td>16.5</td>
<td>13</td>
</tr>
<tr>
<td><strong>AMOUNT LIBRiUM USED</strong></td>
<td>95MG</td>
<td>98MG</td>
<td>185MG</td>
<td>193MG</td>
<td>279MG</td>
<td>145MG</td>
</tr>
<tr>
<td><strong>1ST CIWA COMPLETED IN TRUST</strong></td>
<td>9.5 HOURS</td>
<td>9.5 HOURS</td>
<td>21 HOURS</td>
<td>17 HOURS</td>
<td>13.25 HOURS</td>
<td>14.40 HOURS</td>
</tr>
<tr>
<td><strong>1ST CIWA COMPLETED ON L2</strong></td>
<td>4 HOURS</td>
<td>1 HOUR 25 MINS</td>
<td>2.5 HOURS</td>
<td>1 HOUR 17 MINS</td>
<td>2 HOURS</td>
<td></td>
</tr>
</tbody>
</table>

**April Data / Costings**

If the 16 patients remained on reducing regime for full detox costing would be £369.92 in total VERSUS SCC which is £116 a total saving of £253.92
## Outcomes

### Q4 2014-2015

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. drinking 50+ / 35+ units per week at start</td>
<td>142</td>
<td>87</td>
<td>55</td>
</tr>
<tr>
<td>Of above, no. drinking &lt;21 / &lt;14 units per week at discharge</td>
<td>42</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>% successful</td>
<td>29.6%</td>
<td>28.7%</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

### Q4 2014-2015

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. with CISS score from 5-11 range at start</td>
<td>139</td>
</tr>
<tr>
<td>Of above, no. with CISS score from 0-4 range at discharge</td>
<td>56</td>
</tr>
<tr>
<td>% successful</td>
<td>40.3%</td>
</tr>
</tbody>
</table>

### Letters sent

<table>
<thead>
<tr>
<th>Letters sent</th>
<th>Responses</th>
<th>Reduced scores (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>237</td>
<td>12%</td>
<td>90%</td>
</tr>
<tr>
<td>240</td>
<td>9%</td>
<td>86%</td>
</tr>
<tr>
<td>199</td>
<td>14%</td>
<td>89%</td>
</tr>
<tr>
<td>66</td>
<td>11%</td>
<td>100%</td>
</tr>
</tbody>
</table>