From: Peers, Etza
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Attention Mr David Worth
Regards, Etza Peers, SCGH

Inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in WA

Submission from: Ms Etza Peers, Clinical Nurse Consultant
Alcohol and Drug Service
Sir Charles Gairdner Hospital

Purpose

Winthrop Professor Gary Hulse (Unit for Research and Education in Alcohol and Drugs, UWA) has requested that a submission be provided to outline the Alcohol and Drug Service at Sir Charles Gairdner Hospital (SCGH), to assist the inquiry being conducted by the Education and Health Standing Committee.

Introduction

SCGH has over 500 multi-day beds and admits approximately 78,000 patients annually. The Emergency Department currently sees over 53,000 presentations a year with a 50% admission rate. It is estimated that 33% of all patients admitted have a significant alcohol or other drug problem.

Background of the Service

The Alcohol and Drug Service in SCGH was established in November 1999 in response to an identified need by the hospital in the management of patients with acute, difficult alcohol and other drug (AOD) problems. At that stage, there was funding for 1 FTE senior nursing staff. This staff

member was responsible for coordinating management of patients with AOD co-morbidities. As the workload increased markedly, the hospital funded a 0.5 FTE Clinical Nurse position in 2006. Following the WA Government's Amphetamine Summit in August 2007, additional recurring funding was allocated for another 1 FTE Clinical Nurse.

The service currently consists of:

- 1 FTE Clinical Nurse Consultant
- 1.5 FTE Clinical Nurse

With the increase in positions, the service has been able to cover 6 days per week from March 2008. The service now sees over 19 patients on average each Saturday.

Addressing the Terms of Reference:

a) The evidence base, content, implementation and resourcing for health education and other interventions on alcohol and illicit drugs for school aged students

SCGH is an adult hospital and the Alcohol and Drug Service focuses on inpatient care. Education activities outside the Hospital involve other hospitals and healthcare professional groups. Hence, it has not been involved with school aged clients.

b) The evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families and the most appropriate ways to ensure integrated care

The Role of the Service

- Assessment of patients who have AOD problems
- Appropriate management of patients who display withdrawals from a wide range of drugs, including iatrogenic causes
- Consultancy service for hospital staff
- Supervision of graduate medical, nursing and pharmacy staff during educational placement
- Revision of existing policies and protocols relating to AOD

- Liaison and information sharing with external AOD agencies
- Co-ordination of care for patients who are on opiate pharmacy replacement therapies in collaboration with the hospital pharmacy staff
- Relevant AOD agency referral for follow up post discharge
- Provision of information on AOD for hospital staff
- Provision of information on AOD agency services for families and friends

Since November 1999, the service has conducted 23,402 occasions of service. For the financial year 2008/2009 there were an average of 556 occasions of service each month. The main problem drug remains alcohol.

Figure 1. Shows breakdown of main drug of use for each patient seen, data sourced from the SCGH Alcohol and Drug Service administrative database. Represents 23,402 occasions of service over the last decade.

Emergency Department	–	53%
General Medicine	–	13%
Psychiatry	–	7%
General Surgery	–	6%
High Dependency	–	5%
Orthopaedics	–	4%
Neurology/Neurosurgery	–	4%
Cardiology	–	3%
Plastic Surgery	–	2%

Table 1. Areas of SCGH where occasions of service have been provided over the last decade.

The service, in collaboration with an ED physician and Clinical Nurse Consultant, General Medicine, developed and implemented withdrawal protocols for (Bronson, Swift, & Peers 2005):

- Alcohol
- Amphetamines
- Benzodiazepines
- Cannabis
- Opiates

The hospital detoxifies patients from a range of drugs, mainly by default. These patients are too unwell to send to the government's inpatient detoxification unit and do not meet their criteria.

These withdrawal protocols were first introduced in 2000 and are now part of the Hospital's clinical standard of practice.

Royal Perth Hospital and Joondalup Health Campus have adopted the Withdrawal Charts. This ensures consistent methodology and allows comparisons across sites. Both Fremantle and Swan District Hospitals are considering adopting these protocols.

Trends

Since October 2007
, alcohol and opiate related patient contacts have increased dramatically. In contrast, there has been a decline of amphetamine based drugs since that period.

Figure 2. Shows the number of patient contacts each calendar month, broken down by main drug of use. Data sourced from the SCGH Alcohol and Drug Service administrative database, from Dec. '03 to present.

Current issues

Patients who are complex in their presentation are unable to be referred to other AOD services. Restrictions for referrals include patients who;

- Require nursing and medical care
- Require intravenous fluids/sedation
- Have a history of seizures
- Are medically unwell
- Have an underlying psychiatric condition
- Are unable to fully address activities of daily living

Limitations

Due to the work volume, the service is unable to provide follow up for patients post discharge
The service is unable to see outpatients except for those considered for liver transplant

Vision for the future

- To continue to meet the changing needs of patients and staff of the Hospital's surgical and medical inpatient services.

- To provide a service 7 days per week.

c) The adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field

The hospital conducts education and training for AOD on a regular basis. The majority of SCGH staff are now well informed and equipped to manage patients with AOD problems. However, with staff turnover, there is a need for continual education and training.

Education and training is specific to the hospital's needs. SCGH has many medical and surgical specialties that require training with respect to co-morbidities. A thorough knowledge of underlying conditions and drug interactions is essential.

Those who conduct training include:

- Alcohol and Drug service staff
- Clinical Toxicology
- Emergency Physicians
- General Medical Physicians
- Hepatology staff
- Psychiatry

In the last decade, the Alcohol and Drug Service has conducted 799 internal Hospital meetings, with 14,913 participants (data sourced from the SCGH Alcohol and Drug Service administrative database). Additionally, 111 meetings external to the Hospital have been conducted, with 5,041 participants. External participants include other hospitals and healthcare professional groups such as pharmacists and GPs. All events are evaluated in accordance with SCGH standard of practice.

Reference

Bronson M, Swift R, Peers E. Withdrawal Charts: A clinical tool for the management of drug withdrawal symptoms. Australian Nursing Journal 2005; 12(8) pp19-21.