Alcohol Related Liver Disease: Audit and Pathway Pilot at Hampshire Hospitals

Aim
To improve health and wellbeing of patients presenting to hospital with alcohol related liver disease (ARLD).

Background
There is a substantial body of research showing that the majority of mortality associated with liver disease is alcohol related (NCEPOD, 2012) there is also preliminary evidence that more active management of patients’ alcohol consumption results in improved outcomes (mortality and morbidity) and reduced burden on health services. This is a pilot project which will be run from Hampshire Hospitals NHS Foundation Trust (HHFT) for a period of approximately one year and outputs will be disseminated across Wessex.

Outcomes & Deliverables
- Reduced alcohol consumption for patients with ARLD
- Reduced unscheduled attendances at HHFT
- Reduction in mortality from ARLD
- Audit tool for participating acute trusts in Wessex
- ARLD pathway for participating acute trusts in Wessex

Method
Extract and analyse data within the following parameters:
- Patients 18 years or older
- Admitted to Basingstoke or Winchester hospitals
- Any Liver diagnosis and who had a stay in Hospital of over 24hrs
- Between 01 January 2015 and 31 March 2015

Results
Patients statistics:
- 119 patients
- 60% male
- 63% aged 46 to 75
- 8 had 2 admissions
- 1 had 4 admissions
- 29 (24%) have died since audit

Admissions statistics:
- 130 admissions
- 87% unscheduled
- 79% to General Medicine
- 72% stayed 3 days or more
- 79% ARLD stayed 3 days or more
- 68% non ARLD stayed 3 days or more

Alcohol Coding
Most admissions (82 or 63%) were not coded with alcohol. On further review of a sample of 20 patient notes:
- 5 (25%) had no record of alcohol history (including one patient in intensive care)
- 15 (75%) had vague alcohol history documented but not explicit enough to allow coding
- 4 (20%) of the patients with vague alcohol history showed excess alcohol use:
  - ‘likely advanced ARLD’
  - ‘a bottle of wine a day for 20 years’
  - ‘alcohol use’
  - ‘30 units per week’
Demonstrates the need for clinicians to be clear and detailed with a clear diagnosis for alcohol alongside the liver disease.

Admission Process

Next Steps
The pilot is currently implementing the ARLD pathway:
- Clinicians will be trained in understanding alcohol units and on the importance of clear and detailed alcohol histories
- The project team are working with coders to interpret and code alcohol
- Processes will be updated to mandate alcohol history
- The initial focus area will be General Medicine
- The audit will be repeated in March 2016.