Context
Two week pilot study to assess if pharmacy technician inclusion of the AUDIT C questions as part of a medicines reconciliation (MR) process increased the identification of increasing risk drinkers and allow delivery of a brief intervention or referral to alcohol care services.

Background
Every patient admitted to UHS has an MR completed by a pharmacy technician and / or pharmacist. The proposal was the addition of the Audit-C questions to the end of the MR process to improve screening for higher risk drinking, by way of a two week pilot to establish feasibility and impact.

AUDIT C

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring System</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Monthly or less</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2-4 times per month</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2-3 times per week</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4+ times per week</td>
<td>4</td>
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<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1-2</td>
<td>0</td>
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<td></td>
<td>3-4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5-6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7-9</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>10+</td>
<td>4</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female or 8 or more units if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>0</td>
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<tr>
<td></td>
<td>Less than monthly</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Daily or almost daily</td>
<td>4</td>
</tr>
</tbody>
</table>

Medicines Reconciliation
The process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions with accurate communication within 24 hours of admission.

Method
- 16th November to 27th November
- All patients, all wards
- AUDIT C Score:
  - 0-5: Advise low risk drinking
  - 5-7: Provide an information leaflet (brief advice)
  - 8+: Refer to Alcohol care team
- Document time taken

Results
- 789 patients assessed
- By 36 pharmacy technicians
- Across 56 wards
- Patients unable:
  - language barrier
  - asleep, confused
  - Intubated
  - lacks capacity
  - time constraints
- Extra 6 minutes per MR
- 64 patients referred

Before / After

Technician Attitudes
- Before:
  - Unsure
  - Better from a doctor
  - More to remember
  - Unfamiliar with units
- After:
  - Stressful with some patients
  - Minimal impact

Vignettes
A gentleman in mid 50's, who lived alone was admitted to a vascular ward having coronary bypass. Technician MR and audit C questions gave score of 12. The patient became emotional and stated he was desperate for help. Patient had emergency referral to the Alcohol Care Team. Support planned as patient was moving to hospital in his local area & social support as home was uninhabitable. Relaying this to technician team, provided reassurance that asking these questions was helping those in need.

Single, professional male in his 50s with NSTEMI. High risk drinking: 100 units/week, not identified by other routes. Referred to alcohol care team & reviewed by Dr Sinclair. Now abstinent & commenced on relapse prevention medication

Next Steps
The pilot was successful in increasing the ability to screen for higher risk drinking with a coverage across a large number of clinical specialities. Increased time for MR warrants a business case to expand this into a service improvement project which will need to address concerns of role legitimacy and will need to provide education & training to equip pharmacy staff to deliver the service.