

Alcohol Quality Improvement Ideas

Focus area	Why improve this data set?
Alcohol intake	The lifetime risk of chronic disease, injury, accident or death harm from alcohol increases with the amount consumed.
Recording of alcohol consumption in the clinical software	Alcohol accounts for up to 15% of emergency admission at our hospitals. Alcohol is responsible for most drug related deaths and hospital episodes among people aged 15-34. Rates of risky behaviour are greater among drinkers aged 15-17 and are at increased risk of harm. <i>Young people aged 15-17 should delay drinking for as long as possible.</i> Pregnant women who drink alcohol expose their developing baby to the teratogens in alcohol which can lead to permanent physical and psychological defects and disorders. Drinking alcohol while breastfeeding can lead to reduced milk supply, and can cause irritability, poor feeding, poor sleep and poor psychomotor development in the baby. Many chronic diseases are made worse with alcohol consumption. Cleaning data sets such as 'Alcohol recorded' will assist you to help meet the RACGP 5th Edition Standards. Ensuring missing data is updated in relation to alcohol status, may assist in the uploading of accurate patient details into My Health Record (MHR); it complements other clinical risk assessments. E.g. Diabetes Ausrisk Assessment / Absolute CVD Risk Assessment / preconception and antenatal care etc. Improving the completeness and accuracy of data increases opportunities for early intervention and disease prevention activities and improved patient outcomes.

Quality improvement ideas
Conduct baseline data to capture the percentage of missing recorded alcohol data.
Utilisation of clinical software for the recording of alcohol consumption: <ul style="list-style-type: none">• Best Practice - family and social history tab• Medical Director - the Alcohol Use Disorders Identification Test - Consumption (Audit-C) tab - opens as default into alcohol recorded.
Increase understanding of the Audit-C tool by clinicians: <ul style="list-style-type: none">• RACGP recommend patients should be screened every 2-4 years.
Upload patient information resources into software to enable clinical software to capture resources and information (on-line tools) given to patients for improving holistic patient care.
Install and use CAT4 to identify missing data: <ul style="list-style-type: none">• Search at-risk patient groups to obtain patient lists• Patients with a chronic disease<ul style="list-style-type: none">• Implement a GP Management Plan (GPMP)• Team Care Arrangement (TCA) (GP and two other providers such as Counsellor, Psychologist, Dietitian, Drug and Alcohol Counsellor, Psychiatrist, Neurologists)• 45-49, 715 and over 75 Health Assessments• Young people• Preconception and antenatal patient groups.
Use a CAT4 recipe that identifies patients aged 15 years and over (as per the RACGP guidelines).
Install TopBar and use prompts in clinical consultation to increase the recording of alcohol consumption.
Setting of Recall and Reminders for interventions: <ul style="list-style-type: none">• Patients are at risk of relapse in the first few weeks and follow up appointments should be made weekly for early intervention and support.
Upskilling of all clinical staff and utilisation of the RACGP's SNAP tool, counselling skills, motivational interviewing techniques including for Nurses and Medical Practice Assist (if applicable): <ul style="list-style-type: none">• Counselling is the most common main treatment for alcohol abuse• Professional education on motivational interviewing• The 5A's of SNAP (ask, assess, advise, assist, arrange).
Use primary care nurses in part of current GPMP's, item numbers: <ul style="list-style-type: none">• 10997 - (5 x per year)• 10987 - (10 x per year for Aboriginal and Torres Strait Islander people who have had a current 715 health assessment.

Updating clinical and patient resources for local referral pathways and information.
Set targets for the clinical team for increasing the recording of alcohol consumption: <ul style="list-style-type: none">• Include the alcohol quality improvement activity as an agenda item in clinical team meetings• Use an A3 benchmark poster to identify and review progress to plan, do, study and act to celebrate improvements in the recording of this measure.

Advice and treatment options

Health Professional resources: <ul style="list-style-type: none">• Australian guidelines to reduce health risks from drinking alcohol• SNAP Introduction• National drug strategy• Alcohol use in pregnancy (GP ask the question)• Hunter New England Health Pathways• Central Coast Health Pathways• Alcohol in rural and remote communities• Substance use in pregnancy and parenting service Tamworth - 1300 660 059
Patient handout - to upload to clinical software <ul style="list-style-type: none">• Alcohol and your health• Alcohol and Older Australians• Kids and Alcohol don't mix• Alcohol and pregnancy• Alcohol - Get the facts
Clinic Resources - Posters <ul style="list-style-type: none">• Standard Drinks• Lower your standards - Guide to standard drinks• Lower your standards - Guide to standard drinks (2)
Patient Resources <ul style="list-style-type: none">• Get Healthy Information and Coaching Service• Your Room - Self Test - Alcohol Risk Assessment Tool• Kids Help Line• Lifeline• Narcotics Anonymous Australia• NSW ADIS - 1800 250 015• Hunter New England ADIS - 1300 660 059• Central Coast ADIS - (02) 4394 4880• Family Drug Support - 1300 368 186