Who are you? Demographics of patients seen by an enhanced CL service

Prepared by Stephen Ling NP, CDAN
Hunter New England Local Health District
NSW
and The University of Newcastle
and
Alison Ward Data Coordinator
Drug and Alcohol Clinical Services
Hunter New England Local Health District
NSW
Introduction

• History and context of Consultation Liaison
• Social determinants of health
• 6.5 years audit of Consultation Liaison Drug and Alcohol at the John Hunter Hospital
• Conclusions
• Questions
Consultation Liaison

• Two related work processes
• Consultation
  – Direct patient contact
• Liaison
  – Education and collaboration with a primary care provider
    • Katon and Gonzales (1994)
History of CL in NSW

- CL services around the State have been in operation since the 1970s, records have not been systematically maintained.
- Dedicated funding has not traditionally been available for CL Services.
- The majority of CL services provide coverage during business hours only.
- Greater Southern Area Health Service (GSAHS) and Greater Western Area Health Service (GWAHS) funded since 2006/07.
- Funding 2007/08–2010/11 to trial and evaluate CL services. Sydney South West (SSWAHS), Hunter/New England (HNEAHS) and The Children’s Hospital, Westmead (CHW).
- Bridging funding since
Findings from

• Evaluation of NSW Health Drug and Alcohol Consultation Liaison Services, Final Report, November 2014
• Report for the Mental Health Drug and Alcohol Office (MHDAO), NSW Health
  – Centre for Health Economics Research and Evaluation (CHERE), University of Technology, Sydney
  – National Drug and Alcohol Research Centre (NDARC), University of NSWD&A CL services are associated with
    • Reduced re-presentations
    • shorter Ed & wards stays
    • Reduced critical incidents
    • Overall net savings ~$200/patient or $100,000/hospital/pa

  – Thanks to Dr Adrian Dunlop
John Hunter Hospital

• HNELHD covers 130,000 square kilometres
• HNELHD cares for a population of 852,655
• John Hunter Hospital 72,105 separations 2008-09 financial year
  – (John Hunter Hospital Communications Unit)
## Staffing

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<th>Tuesday</th>
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Referral Criteria

- Pregnant patients with substance use
- Presentation associated with alcohol or drug use
- Risk of harm is present from alcohol use
- BAC 0.15% or over
- Use of the alcohol withdrawal assessment
- Regular benzodiazepine use
- Regular illicit drug use
- Opiate maintenance treatment
Social Determinants of Health

Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch
AB/NWT 2002.
Methods

• Retrospective CHIME database review
• July 1, 2008 - December 31, 2014.
Results

- 4994 patients
- 7841 presentations
- Range 1-46
Gender Breakdown

- Male: 4848
- Female: 2993

Total: 7841
Age at Date of Referral

- 35 - 50: 2,834
- 26 - 34: 1,205
- 19 - 25: 493
- 0 - 18: 40
- 66 - 75: 704
- 51 - 65: 2,123
- 75+: 442

Total: 7,841
Admission Against Day of the Week

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<td>1,315</td>
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<td>Wed</td>
<td>1,704</td>
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Admission Against Time of the Day

Time of the Day

Number of referrals

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JHH Inpatient Consultation Service

Principal Drug of Concern

01/07/2008 to 31/12/2014

- Alcohol, 3751
- Methadone, 975
- Bupren, 173
- Heroin, 160
- Cocaine, 12
- Ecstasy, 9
- Nicotine, 98
- Cannabis, 520
- Opioid, 271
- Amphet, 276
- Benzos, 153
Living arrangements

- Alone: 2326
- Spouse/partner: 1423
- Alone /Children: 362
- Spouse/part/child: 851
- Parents: 617
- Other relative: 255
- Friend/parent/relat/child: 463
- not stated: 256
Country of Origin

- Australia: 6014
- New Zealand: 94
- Pacific Islands: 17
- United Kingdom: 212
- Europe: 153
- Sudan: 56
- Asia: 7

Total: 6014
Limitations

• This represents only those patients referred
  – What are the details of patients not referred?
    • Why not referred? (90% in need and 76% of those in need of intensive intervention are not). Evaluation of NSW Health Drug and Alcohol Consultation Liaison Services, Final Report, 2014
  – Other drugs used collected but not reported on (12% polysubstance according to CL evaluation)
  – Other co-morbidities
    • Not collected
    • May not be established
    • Multiple
Primary Drug of Choice Seen by D&A Staff at JHH, 2009.

$n=1079$. By manual diary audit.

Ling, 2010.
Primary Medical/Surgical Problem Seen by D&A Staff, JHH, 2009. 

$n=1079$. By manual diary audit.

Ling, 2010.
Primary Drug of Choice and Medical/Surgical Problem, JHH, 2009. 
$n=1079$

Ling, 2010.
In our experience ....

• Alcohol - primary drug of choice referred
• Alcohol and trauma - predominant reasons for referral
• Illicit opioid users are the illicit drug users most likely to be referred in our hospital
• Absolute data on substance use amongst hospital inpatients is likely to be largely unreported for a variety of reasons and prevalence remains unclear
• The patients seen are most likely those at risk of health complications not only from their substance use but also as a result of their socioeconomic status
  – High rates of state supported income
  – High rates of lone living (?social isolation)
  – Low levels of home ownership