Aim Statement: By Jan 2019 80% of admitted patients (14 years +) will have an Alcohol, Tobacco and Other Drug (ATOD) Assessment completed at Leeton Hospital.

Background to problem worth solving:
- MLHD “Quality Auditing Reporting System” (QARS) identified an ‘ad hoc’ approach to Substance Use Risk Assessments.
- The societal cost of alcohol misuse in Australia is more than $14 billion, of which $1.6 billion is related to the healthcare costs of patients.
- MLHD Hospital Clinical Reviews identify significant delays in assessment, medical treatment and medication administration resulting a longer stay in hospital and poorer health outcomes (death) (particularly for Indigenous people).

Driver Diagram

The Problem:
The inconsistency in the identification of ATOD disorders in patients (14 years +) who attend Leeton Hospital.

SMNIX Aim:
Within 8 months 80% of ‘admitted’ patients (14 years +) will be identified and a ATOD Assessment completed.

Outcomes Measure:
- How much: 80% +
- By when: Oct 2018

Driver Diagram

Primary Drivers
- Increasing Patient Engagement
- Increasing Staff Engagement
- Improvement in the process and tools

Secondary Drivers
- Increase patient / carer participation in decision making
- Increase patient sense of safety
- Reduce likelihood of patient self-discharging
- Reduce communication barriers (non-verbal & intellectual disability) patients
- Increase staff capacity / capability – upskilling
- Increase in the number of patients identified and treated early
- Substantial increase in patients identified with ATOD
- Increase in staffs ATOD knowledge base
- Increase in the early identification & Treatment of ATOD patients
- Clearly define roles and responsibilities
- Improvement engagement with patient family and carers
- Improved flagging of patients not ATOD assessed at triage
- Early ATOD identification & Treatment improves patient flow & LOS

Change Ideas
- Primary Change Ideas
  - EOI for consumer rep
  - Staff to lower voice when asking ATOD questions
  - Inform patients of ATOD project
  - Provide ATOD patient / carer information
  - Provide staff with ATOD education
  - Share staff / patients improvement in clinical audits

Priority Change Ideas
- Impact: High
- Implementation: Easy
- Project team
- Project team
- Project team
- Project team
- Project team
- Project team

Research
- MLHD “Quality Auditing Reporting System” (QARS) identified an ‘ad hoc’ approach to Substance Use Risk Assessments.
- The Hospital D&A Consultation Liaison Model of Care (2015)

Plan, Do, Study, Act (PDSA) Cycles:
- Process Measures:
  - Ongoing staff ATOD training
  - Access to ATOD resources
  - Staff AOD Brochure ensuring early identification
  - CAGE – AID Patient self-assessment
  - Project Leader
  - Modelled ATOD assessment
  - Ongoing staff ATOD training

Outcomes Measure
- Early ATOD identification and treatment by nursing staff
- Reduced adverse incidents
- Staff understood the Why increased engagement
- Improved flagging of patients not ATOD assessed at triage

Plans to sustain change:
- Ongoing hospital Clinical Reviews Education and Support for nursing and medical team. Nurses to ‘take the lead’ upskill and direct medical staff. Monitoring and reporting by team to CGU (QARS)

Strategies for spreading:
- Submit to the ACI / CEC Innovation Exchange.
- Submit to MLHD Excellence Awards 2019
- Continue working with MLHD, MPHN and CGU continuing to spread the word