ANNEX B

Are you being served? The estimated burden of alcohol on **York Emergency Department** 25th April 2013 Safer York Partnership Annual Crime Summit **Dr Gill Kelly – Consultant in Emergency Medicine** Tom Hall – Consultant in Public Health **Dr James Crick – Specialty Registrar in Public** Health



Background

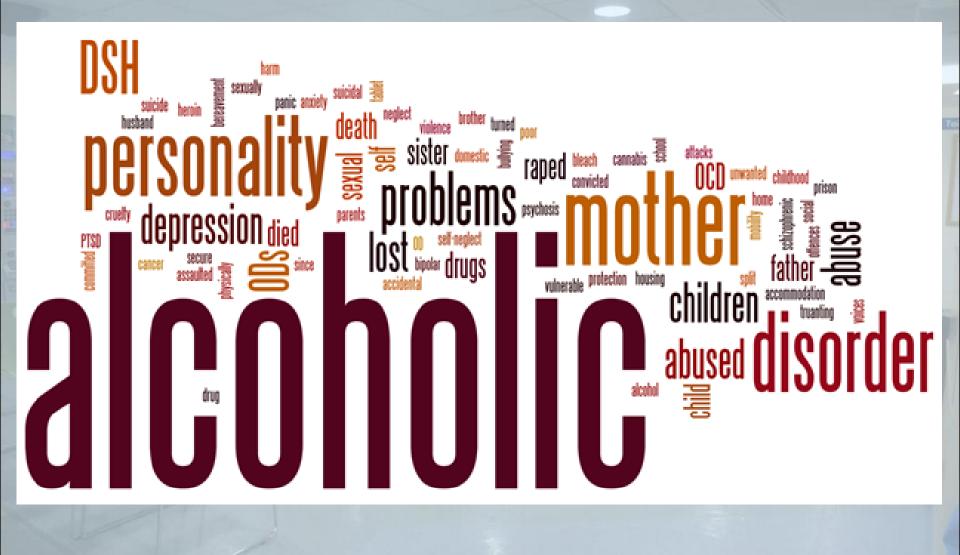
Assaults – pilot audit initially

Information sharing with SYP

 Link with street drinking and frequent flyers to the ED – 74 patients attended 10 or more times in a year – followed up for 18 months

Frequent Attenders Audit

	Alcohol Percentage
Alcohol and/or drug percentage of total patients	51
Percentage (from hospital letters) known to the police	92
Percentage known to be violent	82
Percentage with housing difficulties	94
Percentage needing removed from the ED	93



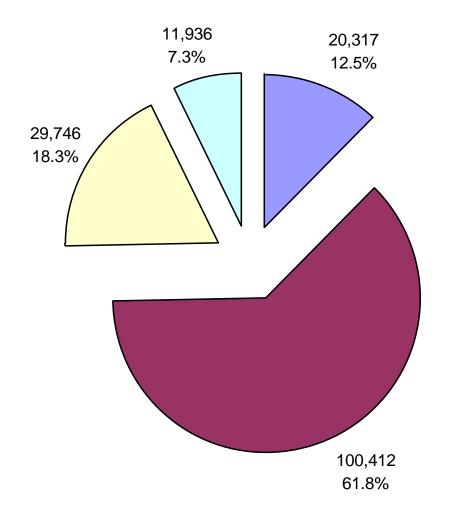
The Bigger Picture?

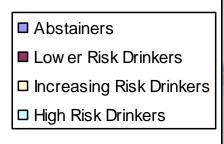
 Hazardous drinking – patterns to put the drinker at increased risk of harm

 Harmful drinking – experiencing health problems related to their drinking

 Dependent drinking – physically and psychologically

York Number and Proportion of the Population by Drinking Risk Category (2007 Mid Year Population Aged 16 and Over)





Introduction

- Health Needs Assessment was being written for York by the Public Health Department in 2011,
- Impact of alcohol on EDs is not clearly understood; routine data doesn't reflect the true picture,
- York Teaching Hospitals NHS Foundation Trust (YTHNFT) have a "flag system" for attendances relating a number of issues including mental health, domestic violence, and alcohol

Questions We Asked

- Does the flag system work?
- What is the alcohol burden?
- What does the burden look like?
 - -Who, what, when, where?...
- How much does it cost?
 - -Time, money, stress!

Methods

- Originally planned as an audit/ needs assessment,
- Registered with YTHNFT as an "Effectiveness Project" and given governance and Caldicott approval – Honorary contracts for TH and JC.
- The following weeks were selected:
 - Week 5 Mon 00:00 31st January to 23:59 Sun 6th February
 - Week 15 Mon 11th to Sun 17th April
 - Week 35 Mon 29th August to Sun 4th September
 - Week 49 Mon 5th to Sun 11th December.
- Data collected on date, arrival time, sex, age, abridged postcode, arrival method, disposal type, alcohol involvement, diagnosis, primary diagnosis

Sample

Total attendances for 2011 ~ 79,000

 4 random weeks out of 52 (stratified for each quarter): 7.7% sample

• 5,704 out of 79,000 attendances: 7.2% sample

Definition of Alcohol Involvement

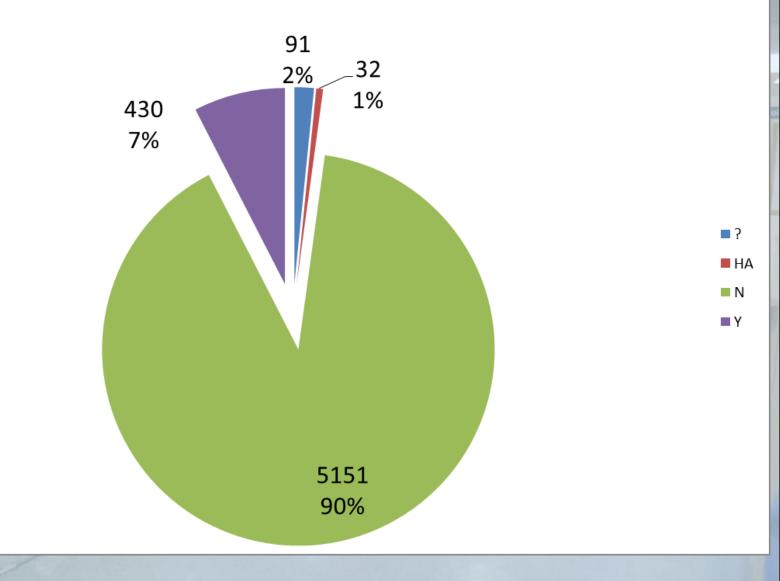
- Y = alcohol was explicitly recorded in the clinical notes,
- ? = description of the reason for attendance could have been associated with alcohol, but alcohol was not explicitly mentioned and the reason for attendance was not associated with an establishment where alcohol is consumed,
 - HA = no mention of alcohol in the case notes for the attendance, but on reviewing the full medical record, the individual was noted to have had alcohol-related attendances in the past, or subsequent follow-up letters indicate that the ED attendance was related to alcohol

Reliability

- Full dataset reviewed by GK to identify the involvement of alcohol and categorise the diagnosis,
- Double data extraction for 10% by TH and JC,
- Alcohol coding concordance 94%
- Diagnosis concordance 79%, but on review coding differences were resolved.

THE BIG PICTURE

Emergency Department Attendances (n=5,704)



Estimated Burden

- 9.8% attendances due to alcohol (95% CI; 8.9% to 10.5%),
- Assuming an annual attendances ~79,000,
- Annual alcohol related attendances =

• 7,742 (7,031 to 8,295)

DO THE FLAGS WORK?

Alcohol Flags on ED System

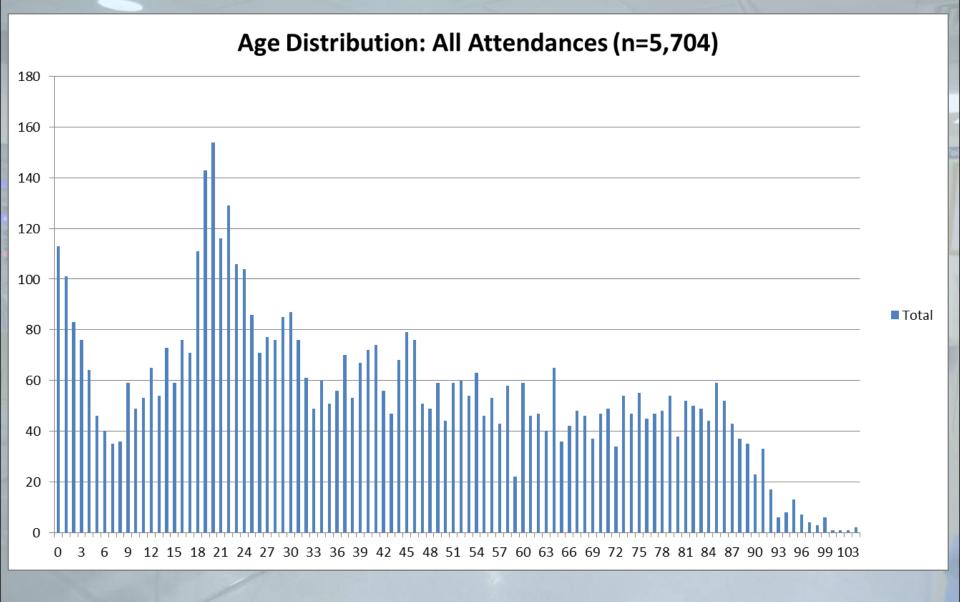
 For the sample period there were 46 alcohol flags on the ED system,

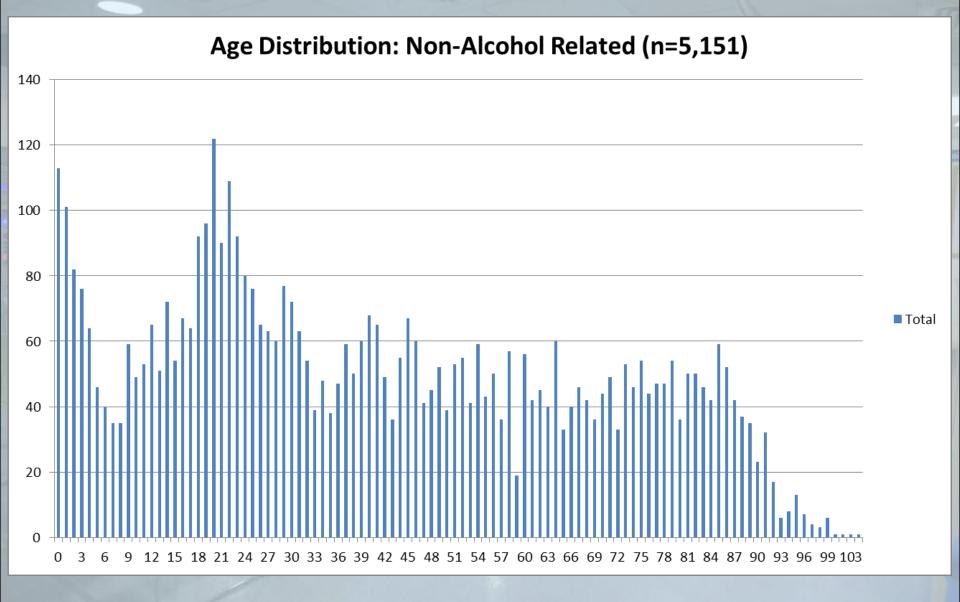
We found 553 – only 8.3% "flagged"...

5 of the 46 were not in our dataset!

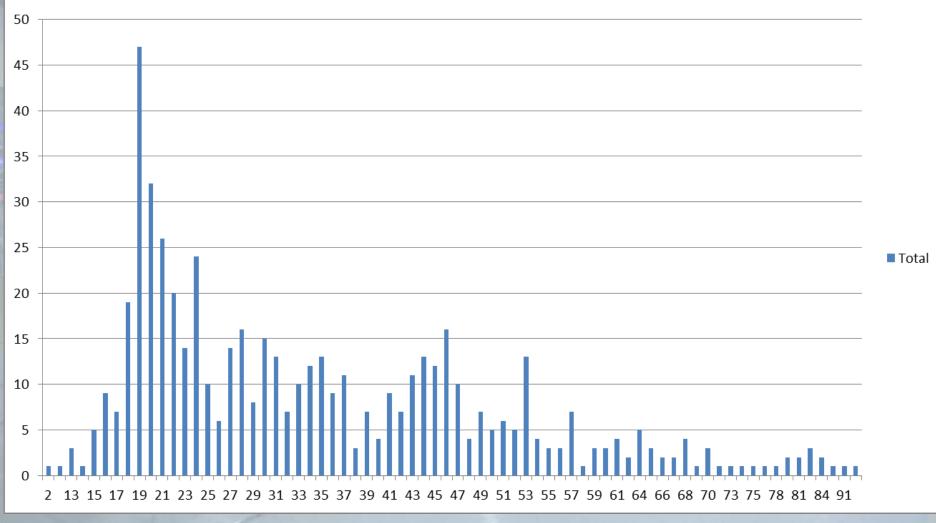
WHO?

-





Age Distribution: Alcohol Related (n=553)



Distribution of Age

Statistic	All Attendances (5,704)	Non-Alcohol Related (5,151)	Alcohol Related (553)	
Mean	40.4 years	41.1 years	34.6 years	
Standard Deviation	26.04	26.8	16.06	
Range	0 to 103	0 to 103	2 to 91 years	

It's Younger People...or is it?!

Under 30

- Total attendances = 2,411
- Due to alcohol = 263

30 or Over

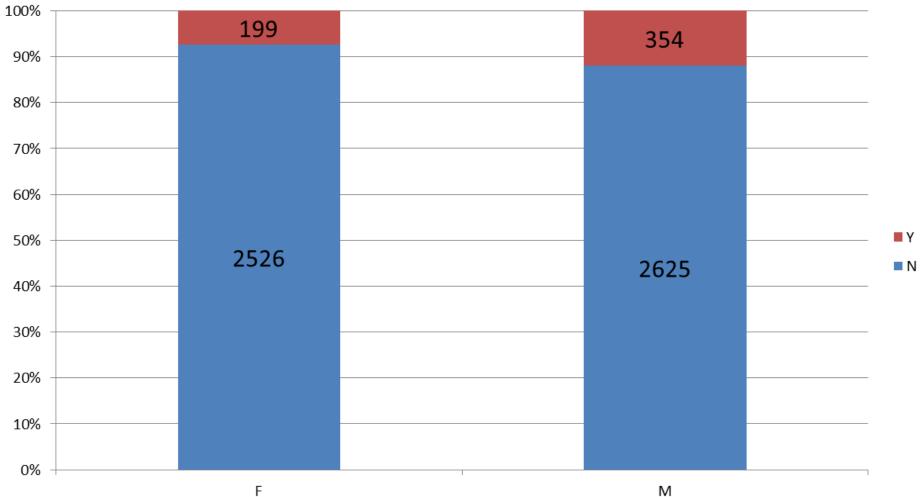
- Total attendances = 3,293
- Due to alcohol = 290

10.91%
95% Cls = 9.66% to 12.15%

•8.81%

• 7.84% to 9.77%

Gender: Proportion of All Attendances Split by Alcohol Involvement (n=5,704)



It's All Men...

- Female attendances = 2,725
- Due to alcohol = 199

- Male attendances = 2,979
- Due to alcohol = 354

• 7.3%

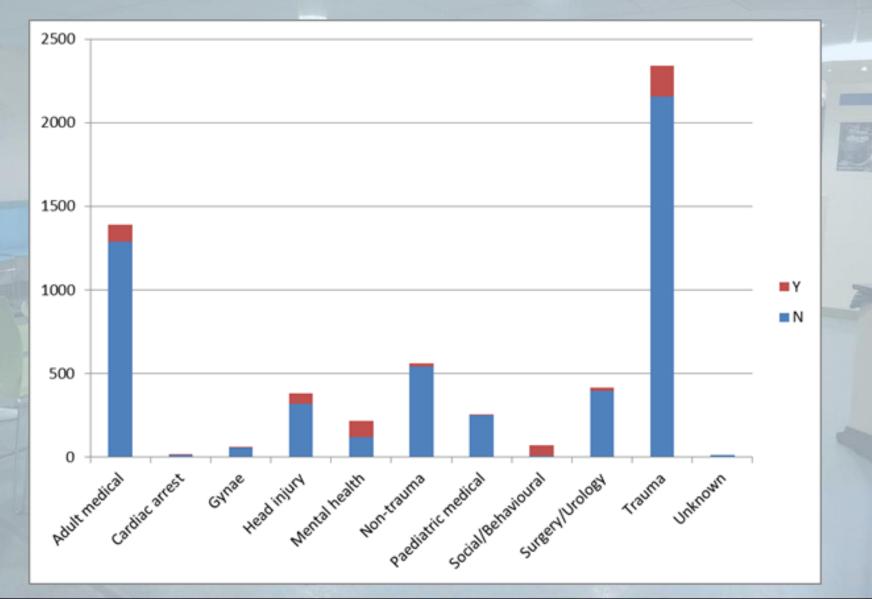
• 6.33% to 8.28%

11.88%

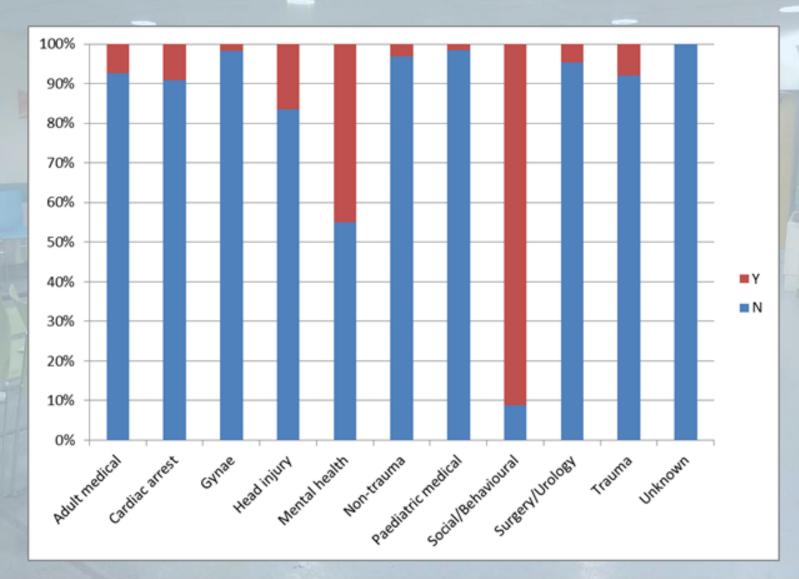
• 10.72% to 13.05%

WHAT?

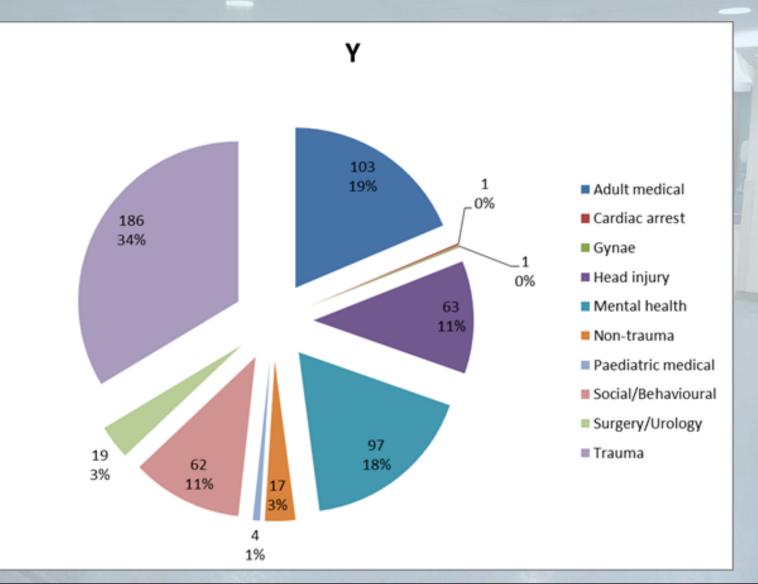
Number of Diagnoses (n=5,704)

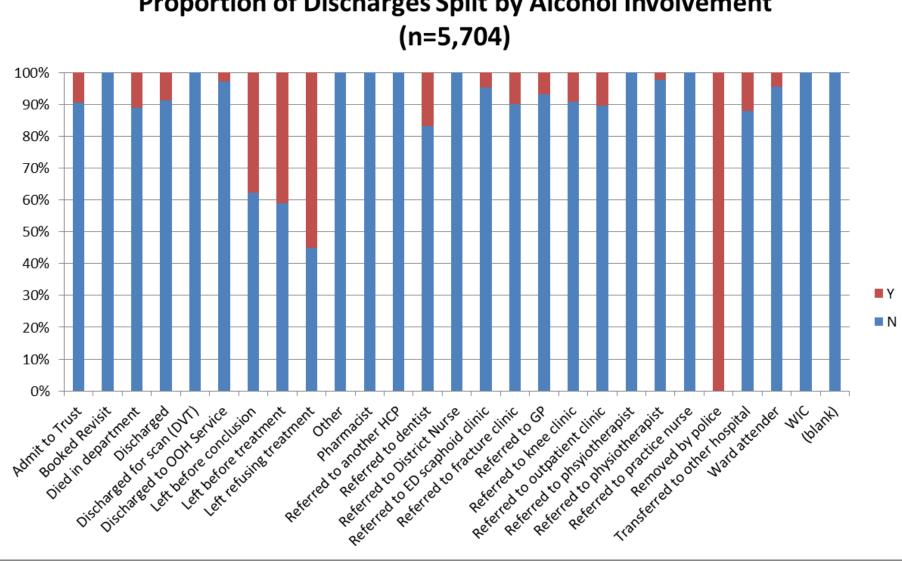


Proportion of Diagnoses (n=5,704)

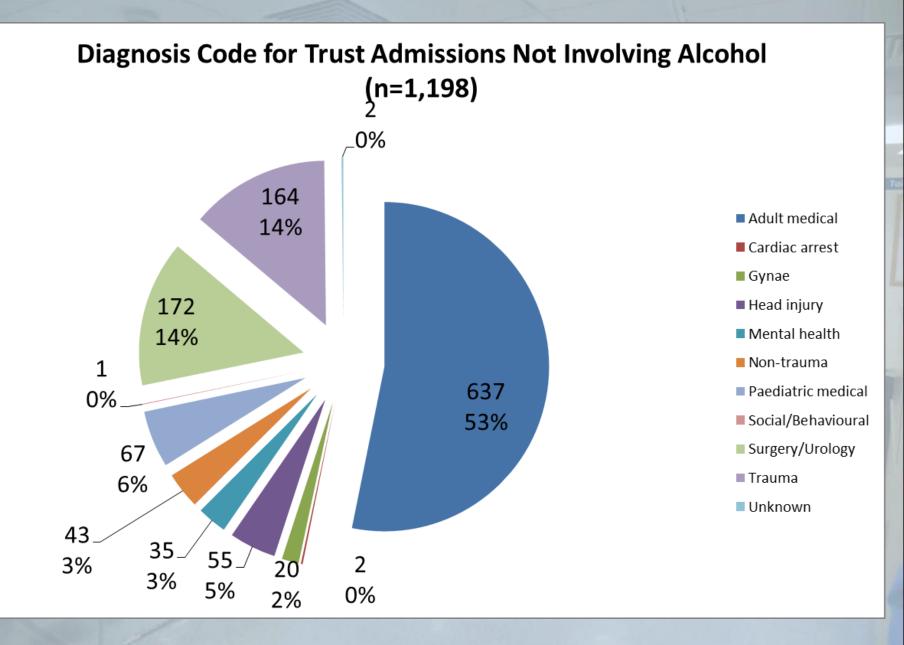


Alcohol Related Diagnoses (n=553)

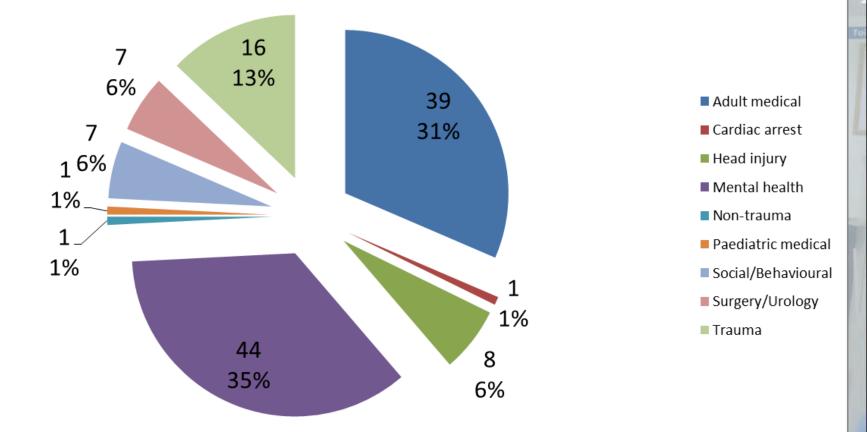




Proportion of Discharges Split by Alcohol Involvement

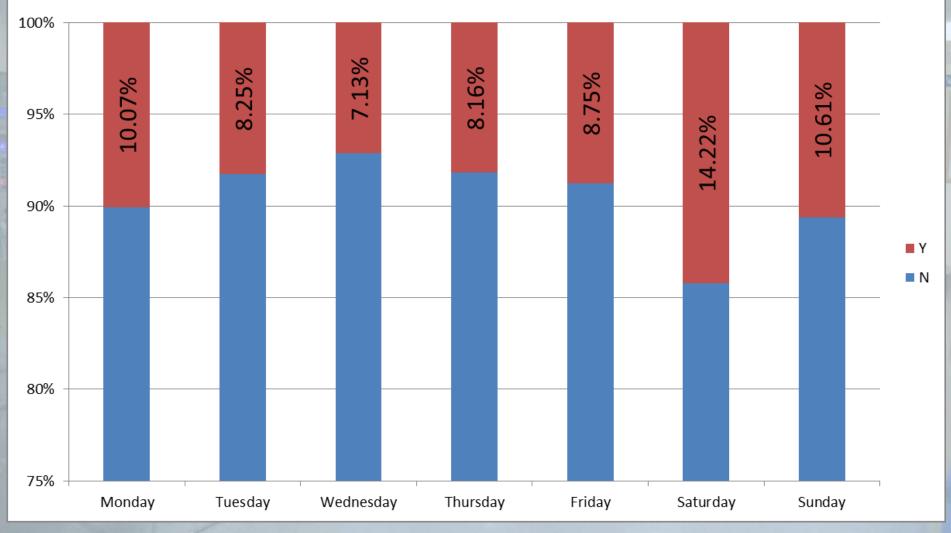


Diagnosis Code for Trust Admissions Involving Alcohol (n=124)

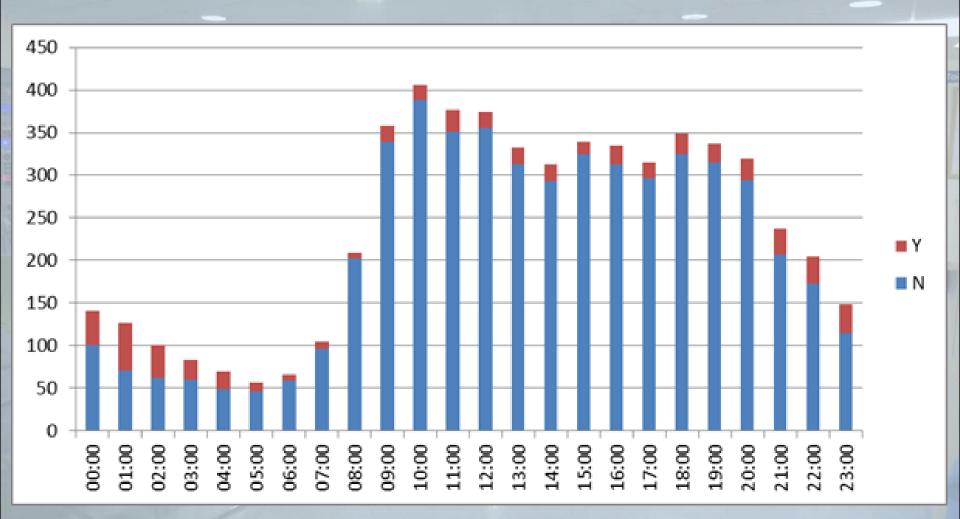


WHEN?

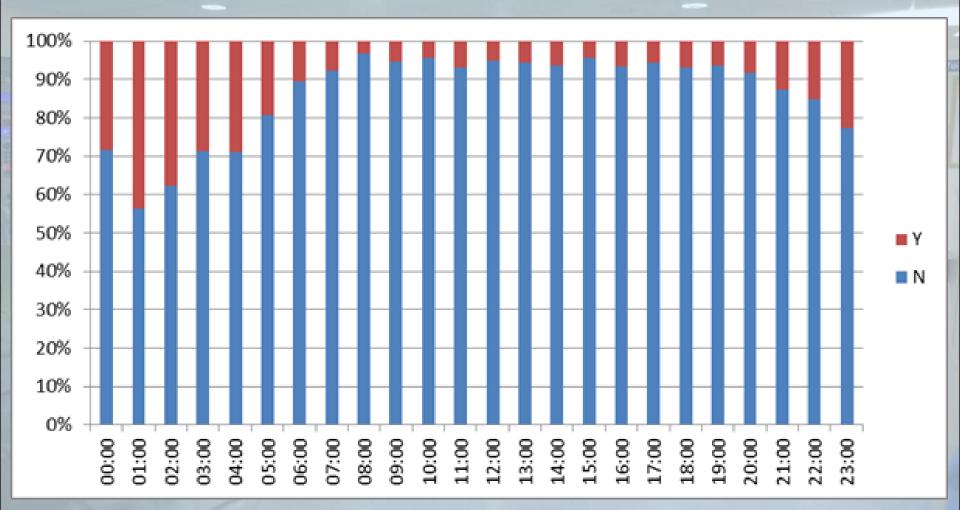
Day of the Week: Proportion of All Attendances Split by Alcohol Involvement (n=5,704)



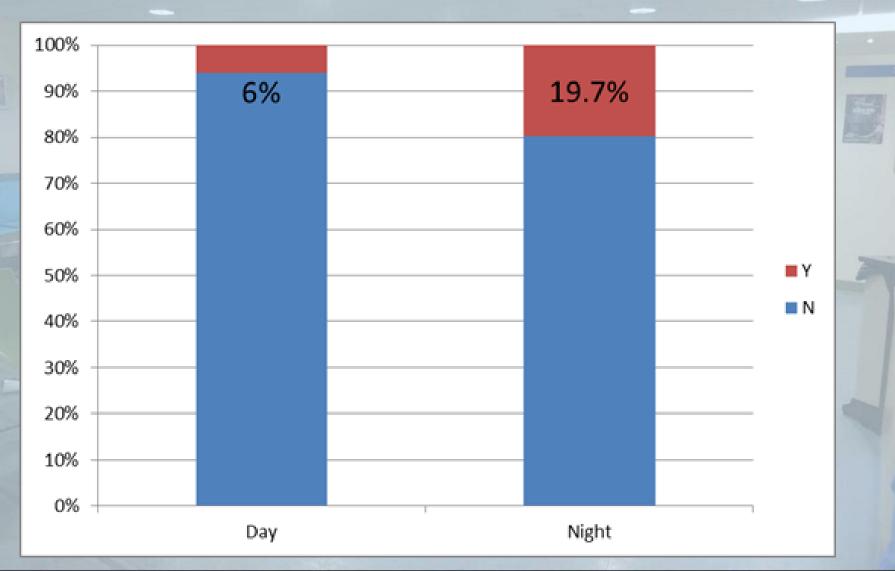
Hour of Attendance (n=5,704)



Proportion of Alcohol Related Attendances per Hour (n=5,704)



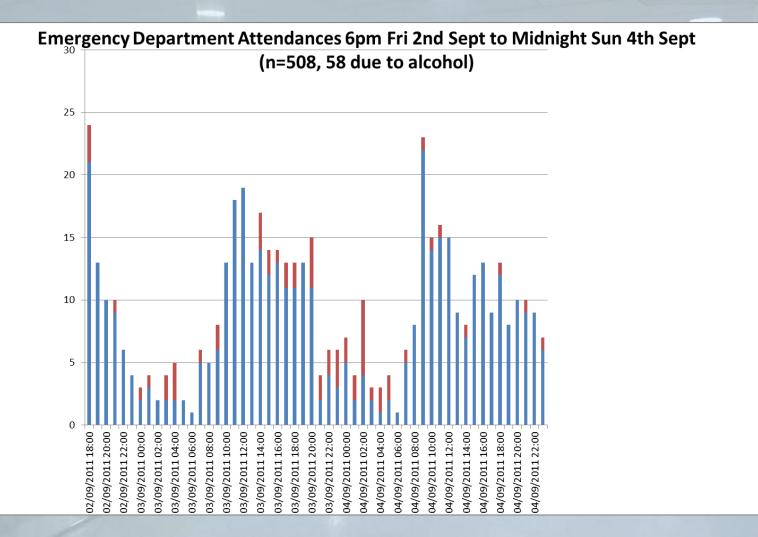
Attendances: Day (9am-9pm) vs. Night (9pm-9am) n=5,704



Attendances: Day (9am-9pm) vs. Night (9pm-9am) n=5,704

1		Ν	Y	Grand Total	Proportion
	Day	3914	249	4163	5.98
~	Night	1237	304	1541	19.73
- In t	Grand Total	5151	553	5704	9.69

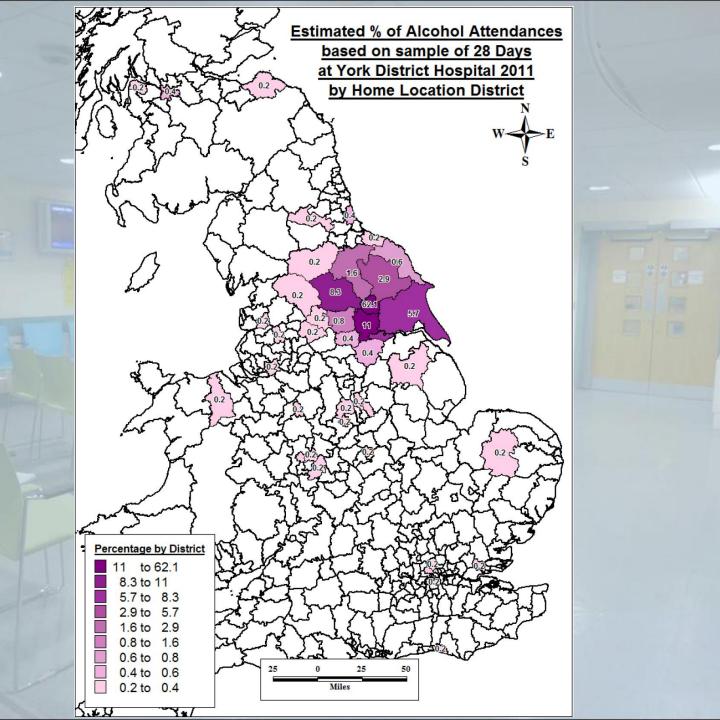
Example of a Weekend

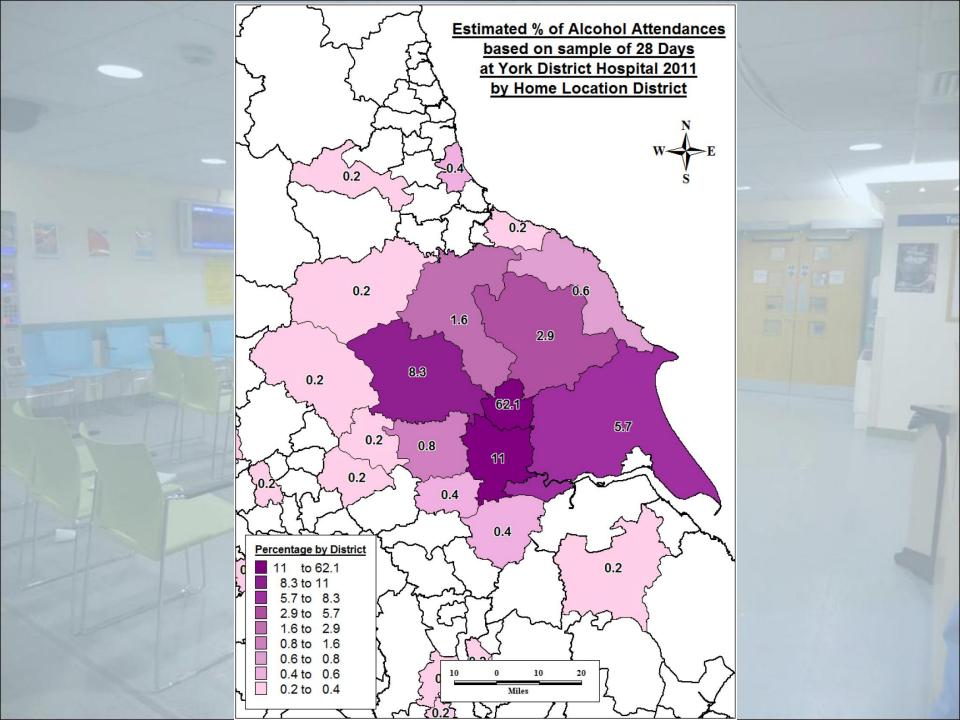


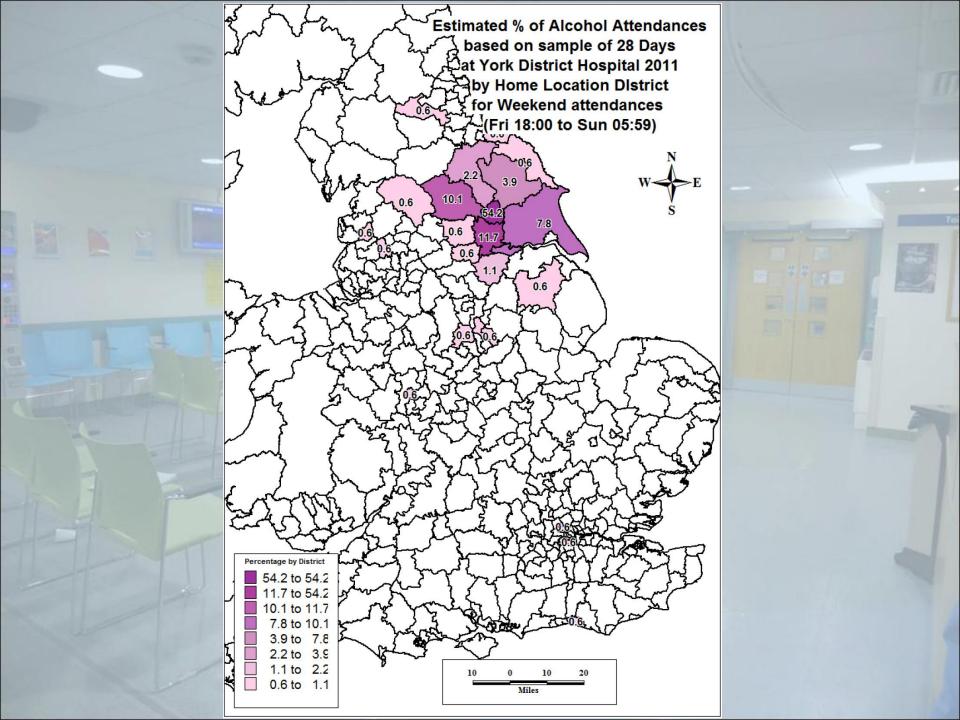
Y

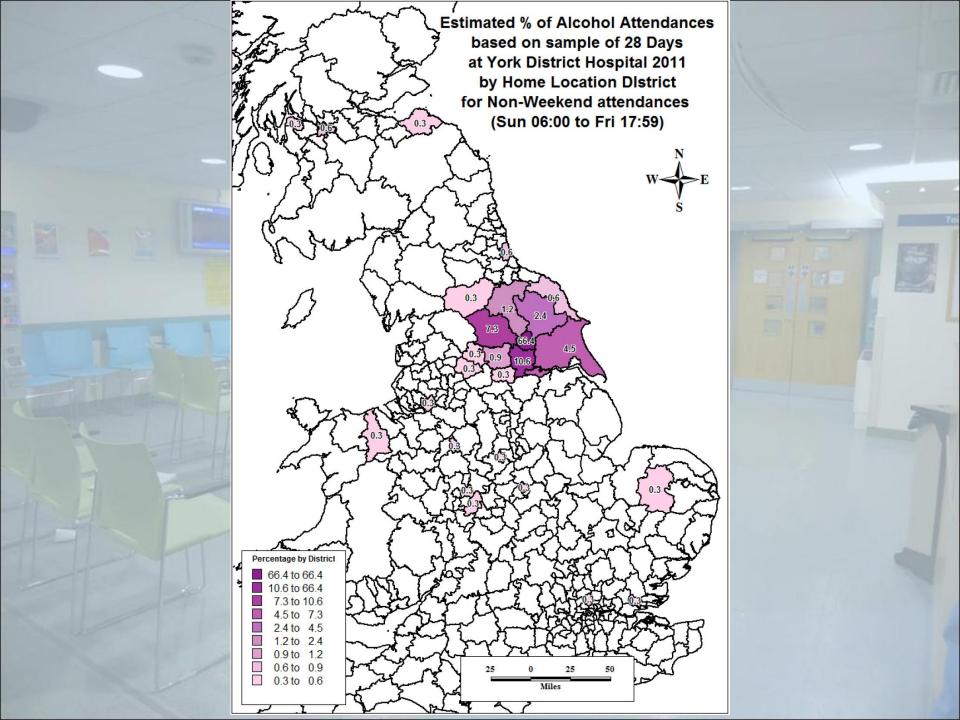
N

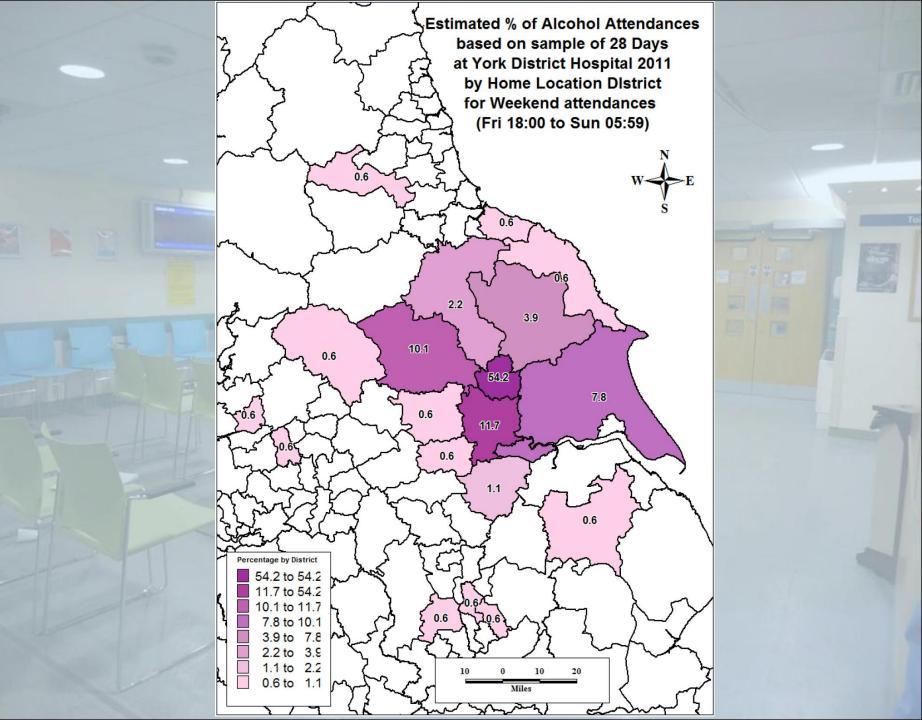
WHERE?

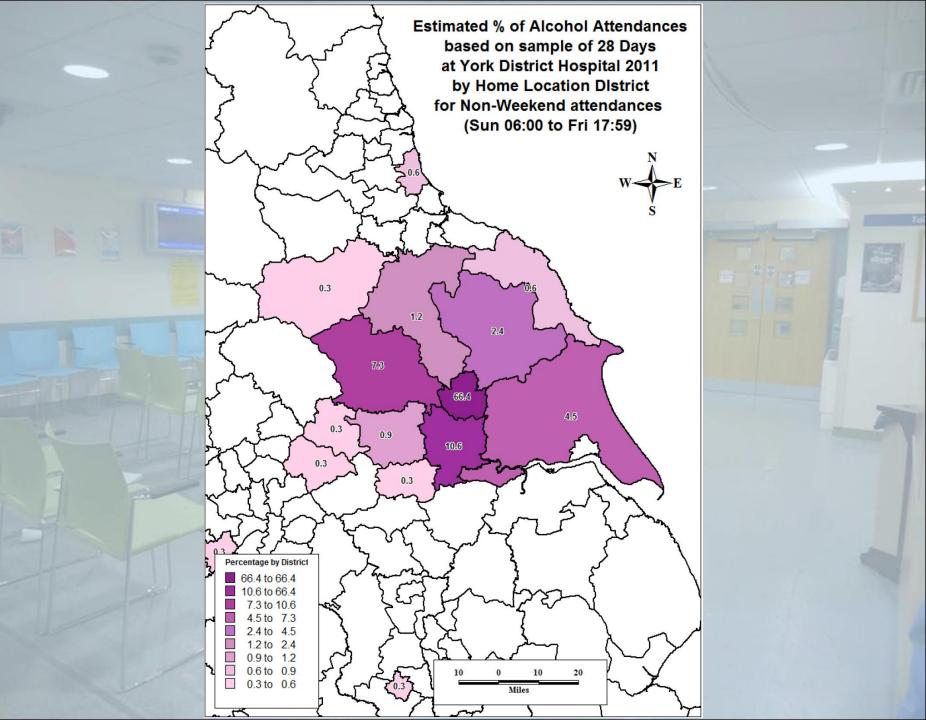








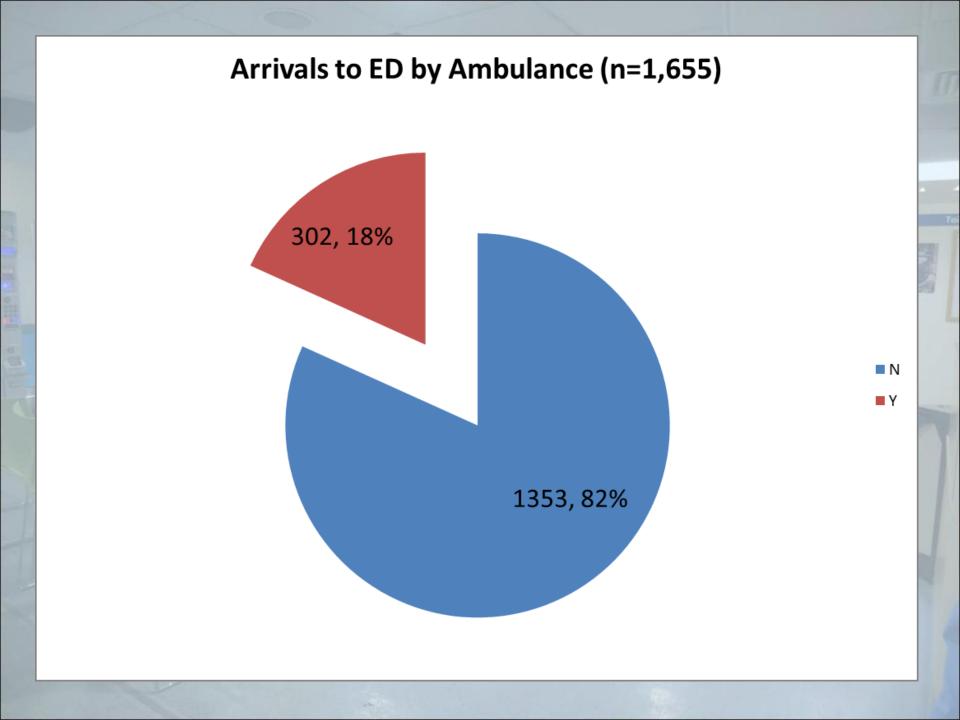




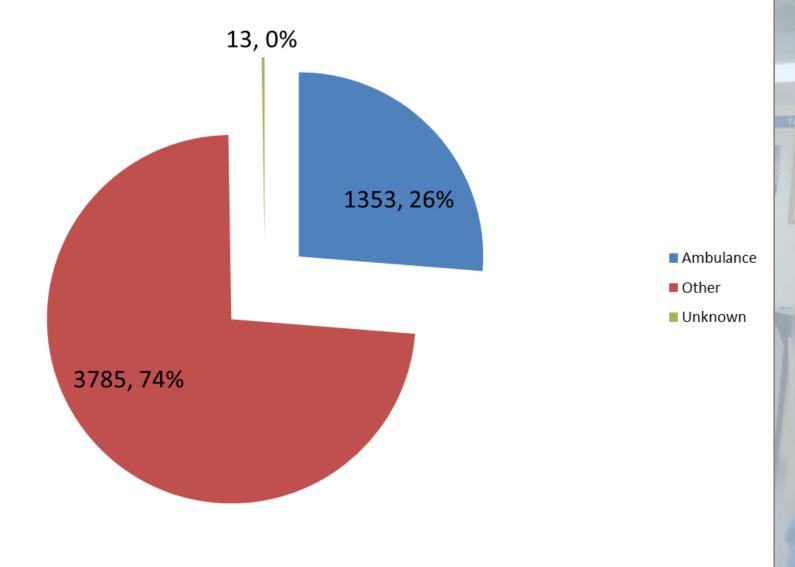
Alcohol Attendances from York

- All days:
- 62.1% (95% CI; 57.9% to 66.3%)
- Week days:
- 66.4% (61.3% to 71.5%)
- Weekends:
- 54.2% (46.9% to 61.5%)

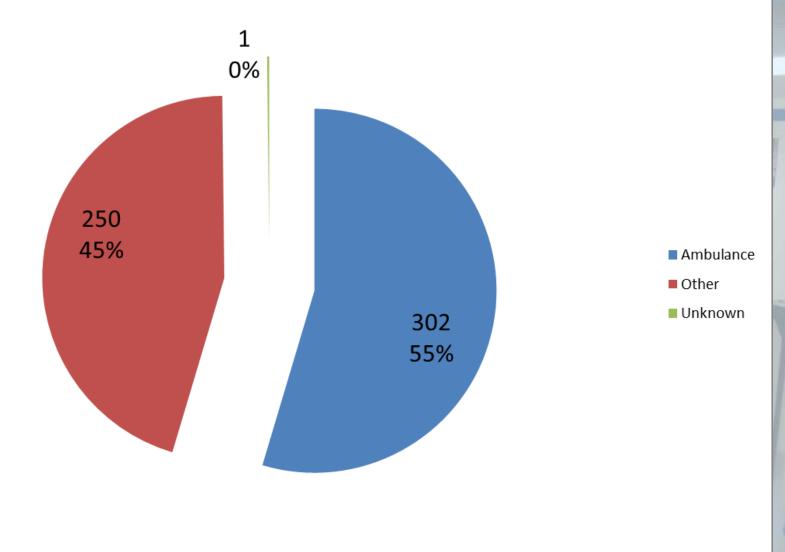
HOW?



Non-Alcohol Related Arrival to ED (n=5,151)



Alcohol Related Arrival to ED (n=553)



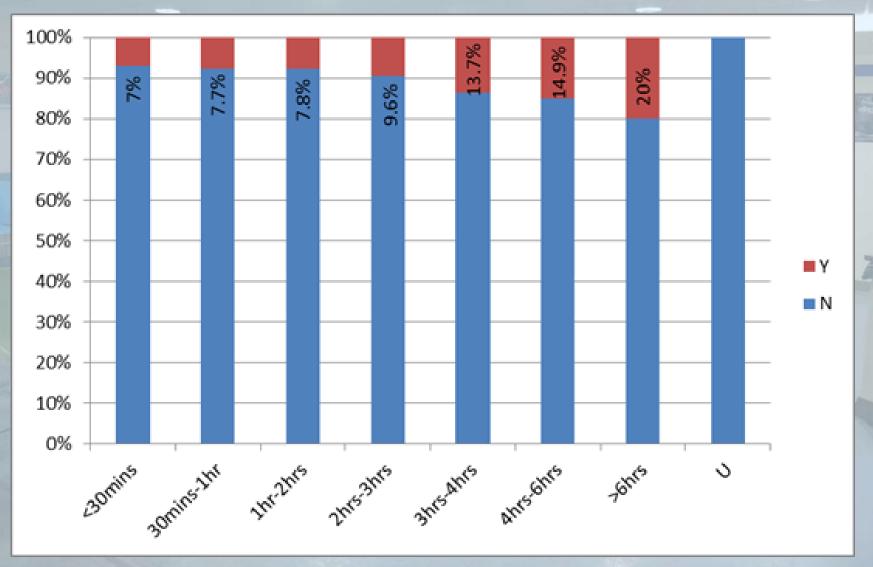
Compare the Two

- Alcohol related arrivals to ED
 - 54.6% arrive by ambulance (95% CI 50.85% to 59.15%)

Non-alcohol related arrivals to ED
 – 26.27% arrive by ambulance (25.06% to 27.47%)

HOW MUCH?!

Proportion of Time in the Department (n=5,704)



How the ED is Paid

- By unit of activity
- Tariffs range from £5 (triage only) to £235 for patients requiring maximum treatments and investigation
- Based on our coding of investigations done and diagnoses made
- Problems determining the exact investigations which attract the higher payment

Example

- 29 yr old male
- Brought by ambulance as too drunk to speak never mind stand up
- Asleep in a cubicle for 2 hours
- Further 2 hours till sober enough to stand up 2 security men in the meantime to stop him standing and falling over
- Finally able to stand when needs to pass urine
- Too drunk to fill bottle urine fills cubicle, including around my shoes
- Has money and keys for accommodation
- Finally leaves after 5 hours of good-natured abuse, multiple observations, security presence, ambulance journey and blocked cubicle

And we were paid?...

£54

For Our Dataset

- Initial figures suggest a total income, i.e. cost to commissioners = £155,125
- Annual cost to commissioners = £2,022,214
- Data set cost to the hospital trust = £197,506
- Annual cost to hospital trust = £2,574,645

• Loss to trust = £552,431

In Summary

- Alcohol related attendances are around 10% of York ED's workload
- It isn't just weekend drinkers,
- The vast proportion of activity at night is alcohol related, but the numbers day and night are roughly the same,
- It isn't just tourists, stag and hen dos,
- It isn't just younger drinkers,
- It's largely men, but 36% are women

Where next?

- Tackle the causes the back story,
 - Action must be taken up stream The Marmot Approach,
- We are where we are with some of the burden,
 - How do we improve our support/ pathways; mental health, behavioural issues, lower level substance use through to substance dependency?,
- Manage the pros and cons of the night time economy; recognising that this isn't the bulk of the burden.

Contacts

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- Thanks to Ian Cunningham for producing the maps and to Jordan McKie for the finance information.