



Competencies Framework PROgram for Alcohol Care Teams (PROACT)


Development of Quality Statements for
ACTs in Acute Hospitals

Working in partnership with the PROACT network we have developed quality statements which represent ‘a set of specific, concise statements which represent a measure of high-quality across pathways of care for patients attending acute hospital with an alcohol use disorder’.

DEFINITION Quality statements are the commitments that providers, commissioners, and system leaders should strive to achieve. Expressed as “we will”, they show what is needed to deliver high-quality, person-centred care.


VISION STATEMENT

“All patients with an alcohol use disorder will be treated with care and dignity, and will be offered treatments and support, tailored to their needs and wishes”



AIM

To provide a baseline for services to plan for and contribute to improvements in our patient journey and alcohol healthcare service optimisation.



METHODS FOR PRODUCTION OF OUR QUALITY STATEMENTS



Initially, we utilised the National Institute for Health and Care Excellence (NICE) based on Quality Standard 11, Alcohol-use disorders: diagnosis and management (Quality standard [QS11] Published: 24 August 2011) to develop a set of statements specific to Alcohol Care Team delivery.

	QUALITY STANDARDS
STATEMENT 1	ACT staff receive training that promotes respectful, non-judgmental care of people who misuse alcohol.
STATEMENT 2	ACT staff provide a comprehensive assessment that includes the use of validated measures.
STATEMENT 3	ACT staff are competent to provide a range of interventions to assist alcohol reduction or cessation.
STATEMENT 4	ACT staff are competent to provide a range of diagnostic tests for early detection of alcohol-related co-morbidities.
STATEMENT 5	ACT offer families and carers of people who misuse alcohol the opportunity to be involved in care planning and are offered information and support.
STATEMENT 6	ACT staff are competent to provide a range of pharmacotherapies using drug regimens appropriate to the setting in which the acute alcohol withdrawal is managed in accordance with NICE guidance.
STATEMENT 7	ACT staff are competent to provide a range of pharmacotherapies using drug regimens to support alcohol reduction or abstinence in accordance with NICE guidance.
STATEMENT 8	ACT offer families and carers of people who misuse alcohol the opportunity to be involved in care planning and are offered information and support.
STATEMENT 9	ACT staff are able to provide leadership, peer support, and education to contemporaneous care providers.
STATEMENT 10	ACT staff are competent to detect people with suspected, or at high risk of developing, Wernicke’s encephalopathy and ensure they are offered thiamine in accordance with NICE guidance.
STATEMENT 11	ACTs provide regular treatment outcome reviews, which are used to plan subsequent care and referral.

Discussions with our PROACT network (about these statements) revealed an ambition to develop a set of quality statements that best reflected the specific local desires and ambitions of ACTs in C&M.

We therefore designed a methodology to achieve this aim.

Using a deductive approach, we came together at an event supported by our Public Health and NHS co-leads for Alcohol Harm in C&M. The co-leads are Margaret Jones, Director of Public Health (Sefton Council) and Dr Paul Richardson, Consultant Hepatologist and Honorary Associate Clinical Professor of Hepatology (Liverpool University Hospitals NHS Foundation Trust).

The process involved:

1. An online short questionnaire enabling us to identify and prioritise domains of care that ACTs felt needed to be defined as a quality statement.
2. Six domains were identified, all were derived from the competency framework for nurses working in ACTs in C&M

	TABLE 1	TABLE 2	TABLE 3	TABLE 4	TABLE 5	TABLE 6
DOMAIN	Managing Acute Alcohol Withdrawal in an ambulatory care pathway	Early detection of liver disease	Medicines to support continued abstinence	Screening for Alcohol Related Cognitive Impairment (ARCI)	Supporting the management of decompensated liver disease	Supporting end of life care

3. A network event brought together key individuals from the workforce, and strategic leads. A workshop with a round table guided discussion for each individual statement with iterative expert consultation (figure 1) was used to establish consensus on the proposed statement.
4. Notes from each group were collected and analysed for common themes and statements.
5. Statements were then put to the whole network group for further discussion and consensus.

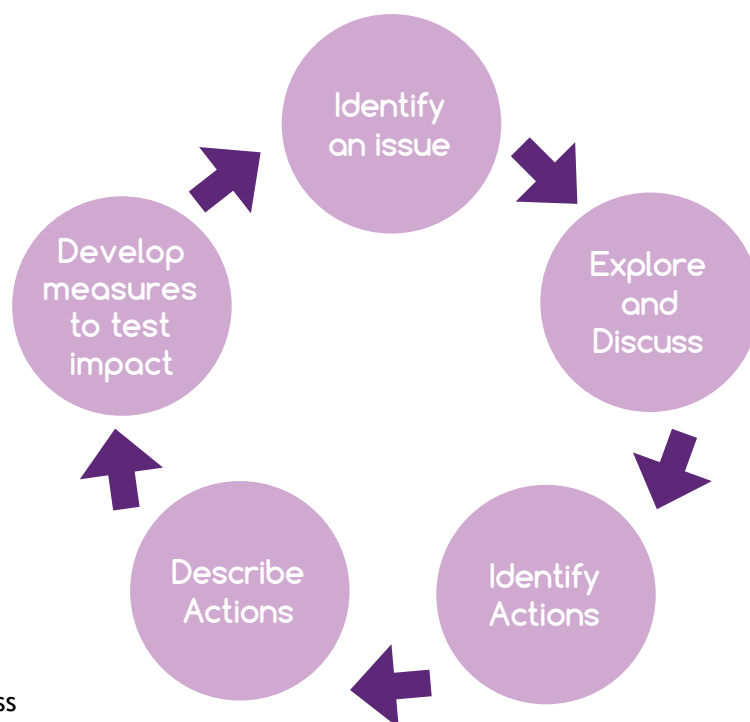


Figure 1. Iterative process

RESULTS



NO	DOMAIN	DERIVED FROM ACT COMPETENCY SECTION	QUALITY STATEMENT
1	Managing Acute Alcohol Withdrawal in an ambulatory care pathway	Competency 4: Assessment and management of the alcohol dependent patient and alcohol withdrawal syndrome	ACTs providing medically assisted alcohol withdrawal will have the support, training, skills, and supervision to ensure timely, individualised patient pathways of care.
2	Early detection of liver disease	Competency 8: Detection and Management of Alcohol Related Liver Disease	Patient with Alcohol Use Disorders (AUD) will be offered noninvasive testing for cirrhosis.
3	Medicines to support continued abstinence	Competency 6: Non-medical prescribing	Patients completing medically assisted alcohol withdrawal will be offered NICE approved anti-craving medication in combination with psychosocial support.
4	Screening for Alcohol Related Cognitive Impairment (ARCI)	Competency 7: Detection and Management of Wernicke's Encephalopathy and Alcohol Related Cognitive Impairment	Patients with AUDs will be screened for cognitive impairment using a validated screening tool.
5	Supporting the management of decompensated liver disease	Competency 8: Detection and Management of Alcohol Related Liver Disease.	ACT will work with hepatology colleagues to develop bespoke pathways of care to support abstinence and monitor clinical signs of deterioration in patients with decompensated liver disease.
6	Supporting End of Life Care	Competency 8: Detection and Management of Alcohol Related Liver Disease.	ACT will work with GPs and palliative care colleagues to ensure patients choice about drinking at end of life is safe and supported.

CONCLUSION



PROACT clinical supervision has been crucial to ensuring this process is informed by members of the network, who feel safe and supported to challenge, to speak candidly, and most importantly to own this process. Consequently, we are confident that these quality statements will support the development of our local clinical pathways but may also be informative for ACTs nationally.

We will need to develop quality measures to inform development and repeat the iterative process to evaluate impact.