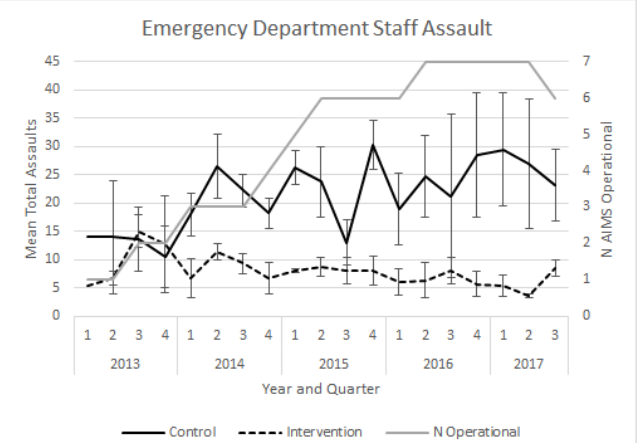
Evaluating the Diversion of Alcohol-Related Attendances

August 2017

Fewer assaults to ED staff in cities with AIMS

Professor Simon Moore on assaults to Emergency Dept. staff



The behaviour of those who have consumed excessive amounts of alcohol is, at best, unpredictable and, at worst, aggressive and violent. We were therefore keen to look at any data that might provide an indication on whether cities with Alcohol Intoxication Management Services (AIMS) showed any difference in levels of assaults on staff. In the graph pictured we looked at assaults on hospital Emergency Department (ED) staff, comparing hospitals in areas where AIMS had been implemented to similar control cities with no AIMS provision. As many people will know, an aggressive incident involving a staff member is reportable under health and safety at work legislation. There is a caveat though. These data are not collected for research purposes and there is considerable variability in recording practices across hospitals, a matter that is being addressed elsewhere [1]. The graph shows the number of AIMS implemented (we have data on seven cities included in the study and matched control cities) and then the difference in total quarterly assaults on staff between EDs with and without AIMS. The first thing to point out is that it looks like there has been a small increase in number of assaults, not surprising given that the number of people attending EDs is increasing (it works out as a 2.3% increase each quarter overall). What is striking is the considerable difference between cities with and without AIMS that emerges as more are implemented over time. This difference is statistically significant and suggests EDs with AIMS have about 40% fewer assaults on ED staff compared to control cities. What we do not have is the time of assault and whether offenders were intoxicated at the time, so attributing a cause and effect relationship is difficult.
Nevertheless, it will be interesting to see whether this is an issue uncovered in our ethnographic study and our analysis of ambulance service data.

[1] Dixon, D. (2016). A Five Year Analysis of Physical Assaults against NHS Staff in England. SIRS / RPA Violence Report 2010-2015. NHS Protect.

Ethnographic update – Cardiff, Sheffield and Swansea NTE

Ethnographer Joanne has been hard at work monitoring the night time economy (NTE) in Sheffield.

As those of you who have received this newsletter may recall, my role as ethnographer on this study is to go out and shadow and speak with those involved in the care and management of intoxicated individuals. Over the last year I have conducted fieldwork in Cardiff (one of the study's intervention sites) and Sheffield (one of the control sites). I have spent time with healthcare staff in Emergency Departments, attended 999 calls with ambulance crews, gone out on patrol in city centres with the police and street pastors, and in Cardiff, also spent nights in AIMS. All those I have shadowed so far have been so welcoming and hospitable (thank you if any of you are reading), and it has been really interesting getting an insight into their work. However, conducting fieldwork at night has not been without its challenges. Aside from getting used to being awake when I would usually be asleep, the hustle and bustle of the night time environment can be hard to keep up with! For example, making notes whilst walking on busy, dimly lit streets, or whilst travelling in the back of a moving vehicle, was

particularly challenging, especially when I also had bad weather to contend with. Waterproof paper would have definitely come in handy at times, and I've certainly become more adept at deciphering my scrawled notebooks over the last year! Furthermore, training my eye to look out for and see what those I shadow saw also took some time (I have likely only touched the surface here), particularly in busy city centres, AIMS, and Emergency Departments where staff often had to balance multiple demands on their time, with managing intoxicated individuals being just one aspect of their work. In this sense going from call to call with ambulance crews, whilst also busy, represented some reprieve, since staff dealt with one case at a time, and I knew exactly where to focus my attention! Some nights were also more fruitful than others, and it was sometimes disappointing to travel so far to not necessarily get much data. That said, the latter does not just pertain to fieldwork at night - there is never a guarantee that you will see what you are interested in seeing whilst doing fieldwork! Nonetheless, these challenges were small fry compared with what those I shadowed contended with day-to-day. Their work often involved working in difficult, highly pressurised environments, and making complex decisions, where the stakes were higher than worrying about whether or not you have noted something down accurately! Overall, I have enjoyed my time on this study so far very much, and can only hope that conducting this type of fieldwork has made me a better ethnographer. I am now preparing to start fieldwork at the last of our case study sites, Swansea, where there is also an intervention. I will be there conducting fieldwork from August, so if any of you reading wish to be involved please do get in touch.

Joanne is contactable via email at – BlakeJ@cardiff.ac.uk

Recent and Upcoming Dissemination Events

Preliminary findings from AIMS interviews disseminated at Kettil Bruun Society conference in June 2017

The Kettil Bruun Society held their 43rd Annual Alcohol Epidemiology Symposium conference in Sheffield in early June. Andy Irving and Penny Buykx presented a paper based on their experiences in undertaking field work for the EDARA project. Namely their experience in gathering data on service users' experience of attending an AIMS. The paper focused on the ethical and practical issues associated with recruiting people to complete a survey or for interview, and how these issues were addressed. While this aspect of the project is crucial in understanding the acceptability of AIMS to those who use them, it posed several challenges as the recruitment took place within services late at night and more often involved people who had been drinking heavily before they received treatment or support. A number of specific issues were discussed in the paper, such as; identification of potential participants for recruitment, obtaining informed consent, maintaining participants' dignity, and the time and resource requirements for data collection. The paper was presented in a themed session with other studies relating to the night time economy. Feedback from the discussants and other audience members was supportive of preparing the paper for peer review publication, so that other researchers undertaking primary data collection in similar circumstances can learn from our experiences with EDARA.

Upcoming events!

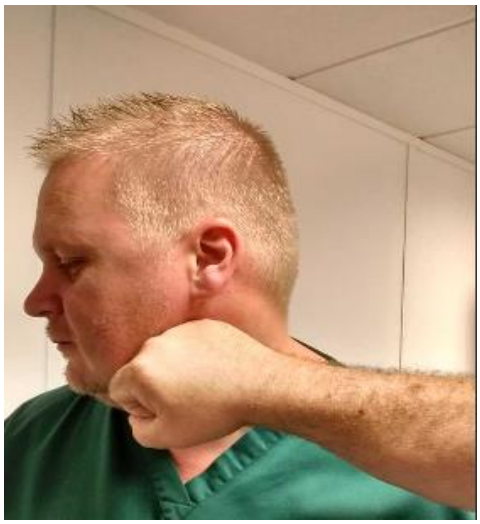
EDARA will be displaying a poster at this year's European Society for Emergency Medicine conference, to be held on 25th – 27th September in Athens, Greece. http://eusem.org/courses-and-events/eusem-2017/

A poster entitled, 'What are AIMS and what do their users think of them?' will also be displayed at The Royal College of Emergency Medicine's Annual Scientific Conference 2017, to be held in Liverpool this October. http://www.rcem.ac.uk/AnnualScientificConference2017

The front-line experience of Alcohol Intoxication Management Systems

To get an idea of the impact of AIMS on front-line staff, Yvette Amos took to Cardiff Alcohol Treatment Centre (ATC) to interview staff who know first-hand the devastating effect alcohol intoxication can have on Emergency Department (ED) wait times, patient experience and staff morale.

An Interview with HCSW Craig Davies



How long have you worked in your current role?

I have been a Health Care Support Worker for the University Hospital of Wales (UHW) for 10 years, and at the ATC since it opened in 2012.

What effect has the opening of the ATC had on the UHW ED?

The ATC takes away most patients who attend the ED because of intoxication on a Friday and Saturday night. It is not just patients who attend, but groups of their friends who come along with them, who are often loud, swearing and arguing in the waiting room. One patient was drunkenly abusive to other patients and staff, and when arrested was found to have a knife in his sock. The associated behaviour would leave patients frightened and distressed, particularly the elderly. It also had a negative effect on staff's ability to deliver patient care.

How has the opening of the ATC changed your experience of working a night shift on Friday or Saturday night?

At the ATC, you know you are here for people who are intoxicated, so you do not feel resentful of them taking time away from people who are genuinely ill. Intoxicated people need a lot of looking after and take up a lot of staff time. At the ATC, staff have time for the needed medical intervention, and also have time for "Brief Intervention", where they can speak to patients regarding their level of drinking if appropriate, and refer to alcohol support services if a problem is highlighted.

Have you experienced any cases of violence or abuse against staff at the UHW ED due to alcohol intoxication?

I have seen intoxicated patients throw full urine bottles at staff. One nurse was triaging a patient and was pinned against the wall and taken to the ground. She was shaken up for a long time. There have even been cases of staff breaking bones, such as wrist fractures when dealing with intoxicated patients. Sometimes the threats and language cause more distress than the violence. Overseas nursing staff in particular can experience racial abuse.

I think since the opening of the ATC, staff at UHW could now be less used to dealing with intoxicated patients in the ED. I think they would notice a difference if the ATC closed.

Have there been cases of violence or abuse towards staff at the ATC?

Having a police officer stationed here helps a great deal. I think it acts as a deterrent, so we do not get the level of abuse we used to at the ED. We did have one case however, where a patient was prosecuted for kicking shift lead Wayne in the privates. The ATC set-up means staff have time to reason with patients, and if they step over the line, the police can decide there and then whether to bring patients into custody. The ATC nursing staff have developed a high threshold over time and learned to tolerate violence and aggression, but it certainly helps to have issues dealt with immediately by Police on site.

Has any training been given to ATC staff to help deal with patients' aggression/assault?

All staff are trained from a violence and aggression point of view. We are trained in breakaway techniques and de-escalation. In the last 12 months staff have been trained on take down and restraint, though we have not had the need to use this training. (As yet at least!)

Are you aware of any other measures that have improved the ED's conditions?

The ED has been locked down, with ID swipes needed to access each area. This has reduced incidents of violence and aggression as people no longer have free reign to wander, but are contained to the waiting area.

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An Interview with PC Craig Falconer

How long have you worked at the ATC?

Since the first shift in a local church to the new location. I am based in the city centre, and the ATC has been a massive help. Before the ATC, (drunk) people would be put in a van and taken to the ED. They would then have to sit in the van with officers until a bed became available. This was very time-consuming. There are only three vans in the city centre, and sometimes they would all be sat at the ED.
The ATC has saved massive amounts of time as we can walk patients to the ATC, leaving the vans free for others jobs.

What is your role at the ATC?

My role is to protect staff. The staff were vulnerable before a police officer was stationed here. Nursing staff and officers have been attacked on numerous occasions by intoxicated people. Shift lead Wayne Parsons was once attacked by a woman with a stiletto heel. Acute alcohol intoxication is unpredictable, and the ATC will take anyone, within reason, so you never know what you are going to get. Friends and family can be unruly, and the nursing staff look to us (PC) to take charge. The church location was challenging. It was so big, you did not always know where patients were. Here (the new location on Bridge Street) is better. The presence of a police officer stops things happening, something the ED does not have.

How else has the ATC helped officers in the city centre?

Staff rapport has improved for sure. Since the ATC opened, relations between police, ambulance and UHW staff have strengthened. I am on first name terms with 90% of staff now that we all work together at the ATC. Knowing the staff helps to know their limits. The police also use the ATC as a break room, somewhere to stop for a tea or coffee. This means having real down time to relax and switch off. Same goes for the nursing staff. Sometimes you need to take 5 minutes out. A staff room is important. It is somewhere to keep your belongings safe too. The relaxed atmosphere is why it works. It is different in the ED. When staff are more relaxed, this goes into the treatment, and people are in and out quicker because of it.

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Meet the EDARA team

EDARA is a joint project between Cardiff and Sheffield Universities. Here are a few of its co-investigators.

Alicia O'Cathain

Alicia O'Cathain is Professor of Health Services Research at the University of Sheffield. She evaluates health care, especially urgent and emergency care services. She specialises in obtaining patients' experiences of their care using interviews and surveys. In her spare time, she enjoys reading crime novels.

Penny Buykx

Penny is a Senior Research Fellow with the School of Health and Related Research at the University of Sheffield. Her current work includes investigating the alcohol treatment system capacity requirements and commissioning processes, public knowledge of alcohol-related cancer risk, public support for alcohol policy, and local alcohol policy evidence needs. Prior to moving to the UK from Australia in 2014, Penny's research addressed primary health care access, drug and alcohol treatment systems, and investigation of ED attendance following overdose. Penny enjoys making the most of her new-found proximity to beautiful English gardens, museums, and castles, and in summer, the short flight time to Europe!

Vas Sivarajasingam

A Reader and Honorary Consultant in Oral Surgery at Cardiff University, Vas' clinical work includes management of patients with facial injuries sustained in violence. This has driven his research interests over the last 15 years. He is a founder and Director of the National Violence Surveillance Network (NVSN). His publications on trends in violence over the past decade have contributed to a better understanding of conflicting trends shown by survey and police data. Currently, NVSN provides the only measure of violence-related emergency attendances for children aged 0 to 10 years in England and Wales.

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This project is funded by the National Institute for Health Research Health Services and Delivery Research Programme (project number 14/04/25). The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the Health Service and Delivery Research Programme, NIHR, NHS or the Department of Health. Further support from the Welsh Government and Cardiff County Council is acknowledged. Funders had no role in the design of the study, analysis or interpretation of the data.

Competing Interests The authors declare no competing interests.

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