



Overview

- During May of 2014 an initial staff survey was completed to assess attitudes, confidence and knowledge around working with consumers presenting with ATOD related problems.
- This survey was repeated in February 2015.
- Staff from the emergency department and acute mental health services were asked to participate.

Key Findings

- Significant improvement in staff confidence with responding to clients presenting with ATOD related problems.
- The majority of respondents (54.9%) now feel that ATOD related problems are adequately assessed, particularly when ED AOD Program is involved.
- Respondents continue to accurately identify the prevalence and impacts of alcohol, crystal-methamphetamine and cannabis on emergency presentations, however, under-recognise the impacts of tobacco.
- Significant increase in the number of respondent's now referring clients with ATOD related presentations to specialist services and the ED AOD Program.
- Overwhelming positive response to the implementation of the ED AOD Program.

Comments from Staff

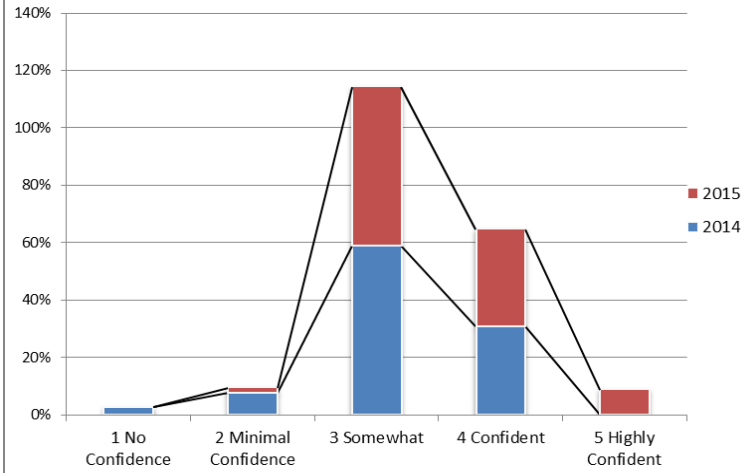
Question 10 – Do you believe that the ED AOD Program is useful / required?

- "ED AOD Program is required. Specialist service in ED which was previously missing. Now we have this program it is very helpful for use (ECATT / Triage) but mostly for clients. Very quick responses and Megan is very helpful."
 - "It is a much more appropriate service for people with A&D problems than no service at all, or inappropriate referrals to mental health. Fantastic access point for people when their use may be an actual issue. Great on the spot education and consultations / secondary opinion. Prevents re-admissions / presentations for problematic users due to appropriate follow up."
 - "It's a big part of what we do. The area population is growing and so are the AOD issues."
 - "Major cause of presentations to the ED."
 - "Essential service. Large population and large population drug use which lacks services (detox beds). Have a specialist around on duty to refer pts too / ask for advice which benefits ED staff education. Compliments the mental health service, able to offer better service for pts."
 - "We now have someone to get the right advice from."
 - "Something is better than nothing."
 - "Required so that we can treat patients / start treating patients whilst in ED."
 - "Needs full time staff properly trained in AOD Mx to help patients."
 - "Definitely given the increasing number of presentations to ED for AOD related cases."
 - "It's a special area, not everyone has the same skills to provide information. When a patient is present, and he/she is in crisis, the first contact is important."
 - "Helps medical and nursing staff manage and treat presentations more effectively."
 - "Because there is a huge number of people needing assistance with their addiction and 1800 numbers are useless advice."
 - "Necessary for patient care."
 - "Because it is a big problem in ED."
 - "Education and support for staff and patients, non-judgemental support and an open approach by Megan is greatly appreciated."
 - "I believe that consumers with substance issues receive a more adequate service in ED as a result of this role."
 - "It provides an appropriate pathway for clients presenting for sole AOD issues and prevents inappropriate referrals to mental health."
 - "High volume of presentations to ED with AOD issues. Specialist service provided with good follow up."
 - "Reduce presentations and a reliable referral to follow up issues in ED."
 - "AOD issues prevalent in ED presentations."
 - "ED AOD will be able to link patients into community services as required. Provide further education about the effect of substance abuse post ED or d/c from hospital."
 - "Fast response for clients (r/v and advice) in comparison to external AOD services."
 - "Exceptional! Excellent AOD clinician, very helpful and informative to staff. Great with clients."
 - "More knowledgeable than most ED staff / me. Able to give good advice. Know about help/resources available in the community."
 - "To help prevent ED presentations (recurrent) if community follow up is offered."
 - "Offers a greatly needed service by excellent and qualified staff."

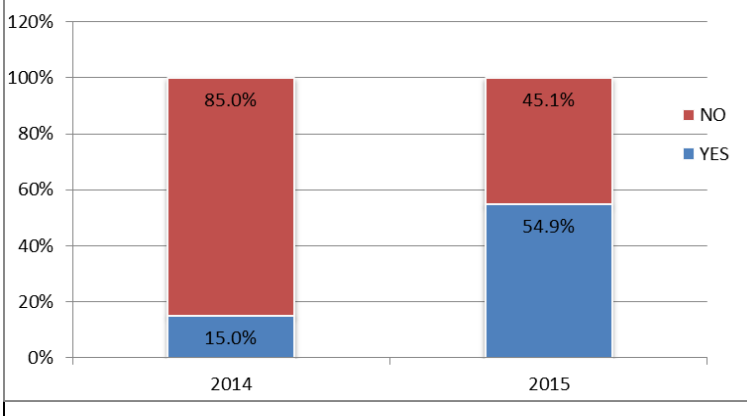
Suggestions regarding required improvements:

- "Requires an extra staff member"
- "Regular staff education sessions and updates"
- "Outline AOD service provisions and limitations to the new doctors during induction"
- "Need for after hours and weekends"
- "More in-services and education on how to approach patients with these presentations"
- "More feedback on outcomes"
- "I think it's going well as it is"
- "Additional staff given the demand"
- "We need 100 Megan's"

Question 4 - Do you feel confident responding to someone who has an AOD Problem? (2014 vs. 2015)

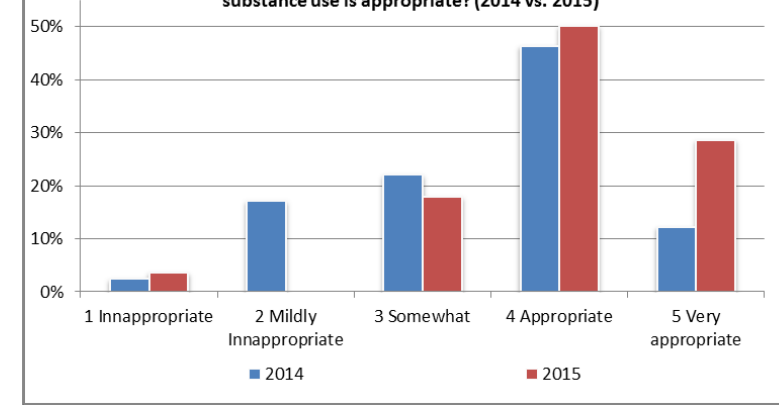


Question 5 - Do you believe that AOD problems are adequately assessed in the ED? (2014 vs. 2015)

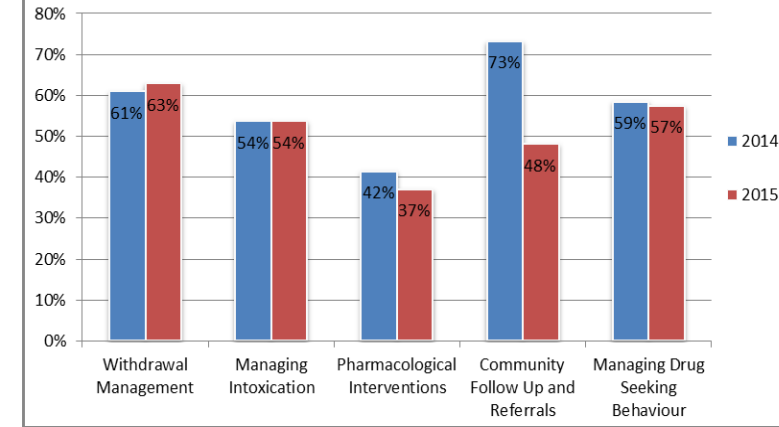


Data (Data obtained from staff surveys)

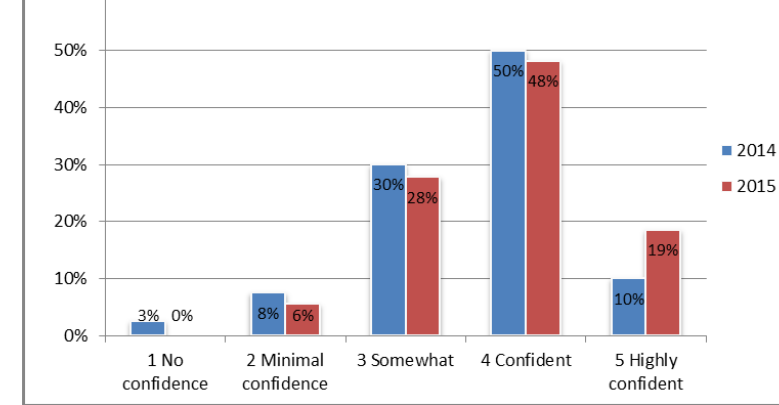
Question 6 - Do believe that universally asking patients about their substance use is appropriate? (2014 vs. 2015)



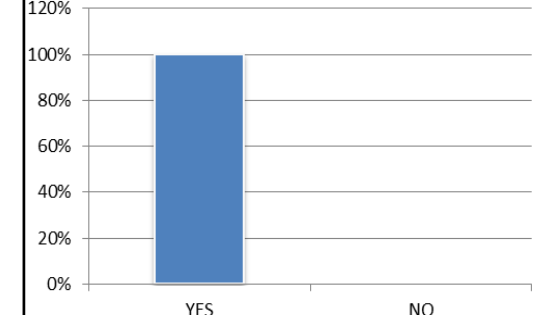
Question 7 - What areas do you think require improvement with regards to treatment? (2014 vs. 2015)



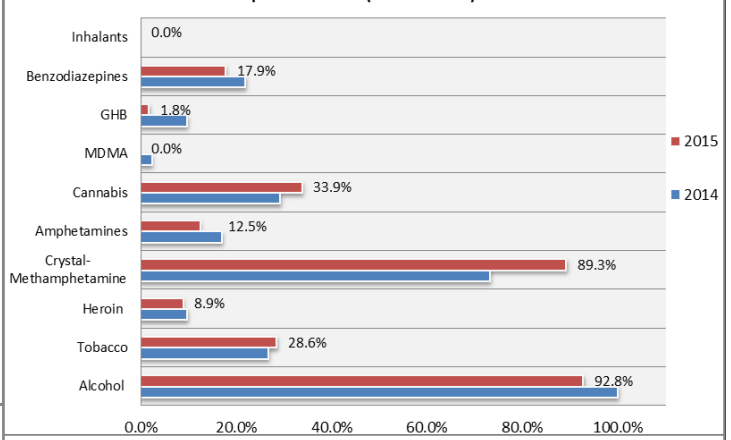
Question 11 - Do you feel comfortable asking someone about their AOD use?



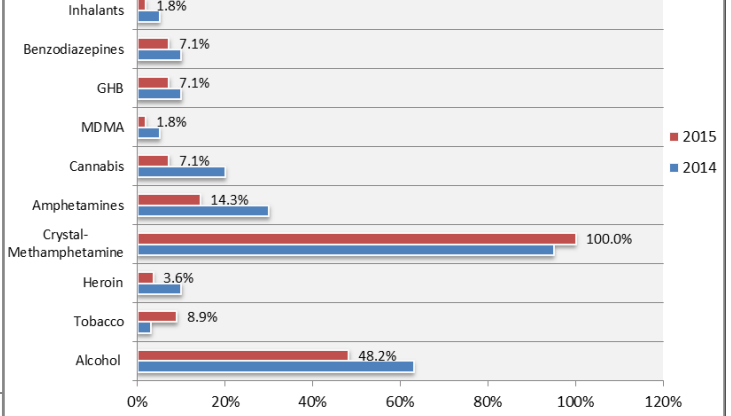
Question 18 - Do you believe that the ED AOD Program is useful / required?



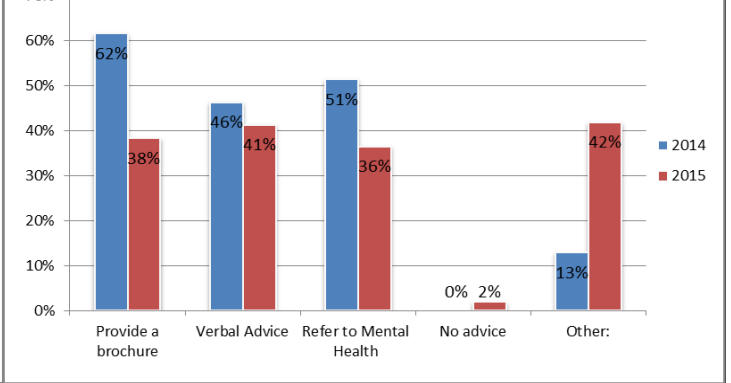
Question 8 - Which substances do you think are associated with the most presentations? (2014 vs. 2015)



Question 9 - Which substances do you think are associated with the most difficult behaviours to treat/manage in the ED? (2014 vs. 2015)



Question 13 - If someone presents with an AOD related problem how would you provide further information about treatment options?



Recommendations:

- Development and delivery of more in-services for ED staff, particularly regarding tobacco.
- Explore the possibility of 7 day coverage to further enhance AOD assessments within ED and support for staff.
- Continue to encourage referrals to the ED AOD Program.
- Continue to offer secondary consultation.
- Re-address the use of a brief AOD screening tool on WMH Risk Screening Tool as staff are increasingly supportive of universal screening.