Assessing Patient Alcohol Use in Inpatient Psychiatry

The Problem
Beginning in January 2014, CMS required all inpatient psychiatric units to assess adult patients’ alcohol use status using a validated alcohol screening instrument within the first 3 days of admission. Although, our inpatient psychiatric providers typically assess alcohol use as part of their initial evaluation of patients, they did not use a validated questionnaire, and the results of the assessment were not easily accessible for auditing purposes.

Aim/Goal
The goal of this project was to create a process for assessing alcohol use of adult inpatient psychiatry patients using a validated alcohol screening tool within the first 3 days of admission that would be easy to audit. Also, the project hoped to increase our ability to identify patients with unhealthy alcohol use which would benefit from intervention.

The Team
- Amanda Tjonahen, RN, Psychiatry
- Stephenie Loux, MS, Psychiatry
- Rohn Friedman, MD, Psychiatry
- Tricia Bourie, RN, MS, Program Director, Nursing Informatics
- Allison MacLeay, IS Application Developer, Information Systems

The Interventions
- Identify an alcohol screening questionnaire to be used
- Add questions from screening tool to nursing IPA to be administered at admission
- Pull the alcohol use score created in IPA into the Deaconess 4 Team Census to allow staff to track whether alcohol screen was completed within the first 3 days of admission, to prompt nurses to screen patients without an alcohol use score, and to identify those patients at risk for alcohol use problems who might benefit from intervention
- Create an automated email system to notify the admitting physician which patients have been screened as being at risk for alcohol use problems
- Audit charts to determine if physicians are identifying treatment plan goals and interventions for those identified as at risk.

The Results/Progress to Date

Lessons Learned
- In certain cases, the nursing IPA allowed nurses to skip the alcohol use screening questions, resulting in the screening not being completed. IPA staff created a fix for this which has just recently gone live.
- Nurses are able to bypass the system to e-mail a notification to the admitting physician that a patient was identified as at risk. These e-mail notifications can also be problematic since patients can be assigned to another physician after admission.

Next Steps/What Should Happen Next
- Eliminate the email notification system and use the Team Census to identify patients at risk for alcohol abuse
- Develop standardized, validated interventions, such as SBIRT, for those identified as at risk.

For more information, contact:
Rohn Friedman, MD, Vice Chair, Psychiatry
rfriedma@bidmc.harvard.edu