

BSG 2014 Abstract submission

Topic: Gastroenterology service: development, delivery, IT

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IMPLEMENTATION OF ALCOHOL SCREENING AND BRIEF INTERVENTION IN ENDOSCOPY

Gillian O'Neill^{1,*} Steven Masson² Lesley Bewick² Jill Doyle² Ruth McGovern¹ Elaine Stoker² Helen Wright² Dorothy Newbury-Birch¹

¹Newcastle University, Institute of Health and Society, Newcastle, ²Endoscopy Unit, Newcastle Upon Tyne NHS Foundation Trust, NEWCASTLE, United Kingdom

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Introduction: Screening adults for risky alcohol consumption and provision of brief intervention should be routine practice in secondary care¹. The feasibility of implementing this in endoscopy departments has not been studied. The aim of this study was to evaluate the feasibility of routine implementation of alcohol screening and brief intervention (ASBI) and understand associated healthcare professional behaviour change in a 12-week pilot in a busy endoscopy department in a university teaching hospital.

Methods: Using the MRC's framework for developing and evaluating complex interventions, an evaluation was completed. Normalisation Process Theory and the Theoretical Domains Framework theory was applied, in conjunction with evidence based tools for professional behaviour change. The evaluation included the utilisation of clinical champions, one hour face to face alcohol training sessions, tailored education materials bespoke to endoscopy and a twelve week pilot delivering ASBI as part of routine practice.

During the twelve week pilot, anonymised patient data was collected on Alcohol Use Disorders Identification Tool (AUDIT) score and whether patients received a brief intervention. Statistical analysis of the AUDIT questionnaires was performed using SPSS. Quantitative questionnaires and qualitative focus groups were used to assess the behaviour change of endoscopy nurses. Staff questionnaires were completed at 3 time points (before alcohol training, immediately after alcohol training, after 12 weeks) and included the validated Shortened Alcohol and Alcohol Problems Questionnaire (SAAPPQ). Transcripts from the focus groups were analysed using a framework analysis approach.

Results: During the 12-week pilot, most (n=1136, 71%) endoscopy patients completed an AUDIT questionnaire. Of these, 96% received personalised feedback on their score and 65% of patients drinking at increasing risk levels or above accepted a brief intervention. Quantitative staff questionnaire (including SAAPQ) results and qualitative focus group analysis demonstrated a positive shift in nurses' attitudes towards discussing alcohol with patients. An increase in nurses' knowledge, skills and confidence to talk to patients about alcohol was also demonstrated.

Conclusion: A multi-method approach to implementation can result in the pragmatic application of theory, leading to successful embedding of evidence based practice. It is feasible to embed ASBI into routine practice in endoscopy, thus fulfilling the objective of making every contact a health-improving opportunity.

References: ¹NICE: **Alcohol-use disorders - preventing the development of hazardous and harmful drinking.**
<http://guidancenice.org.uk/PH24> 2010.

Disclosure of Interest: None declared