



**Guidelines:  
National Non-admitted Patient  
Collection  
'Alcohol Involved' Field**

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## **1 Preface**

This document takes effect from 1 July 2017 and supersedes any previous guidelines.

### **1.1 Scope of this document**

This document is intended to:

- assist users in understanding the purpose and use of the “Alcohol Involved” field in the National Non-admitted Patient Collection (NNPAC)
- provide guidance on the recording of patients ‘Alcohol Associated’ status in Emergency Departments (ED)
- this document is not intended to be prescriptive as each Emergency Department operates under a methodology most suited to themselves.

## 2 Background

### 2.1 Background

There is significant interest in the use of alcohol and the impact on public health. Several papers have been published on alcohol and injuries (see website links appendix A).

Alcohol Healthwatch<sup>1</sup> published a Final Draft Policy Briefing Paper “Alcohol, Injuries and Violence” in November 2012, in collaboration with the Ministry of Health. This paper is aimed at those with an interest in reducing alcohol-related harm in New Zealand, in particular those who are responsible for developing policy, plans and programmes.

One of the key issues mentioned in this briefing paper is knowledge gaps, (see below).

#### Knowledge gaps

Significant gaps exist in our knowledge and understanding of alcohol-related injuries and violence. This is largely due to the absence or limited nature of routinely collected data. These gaps limit our ability to plan effectively, to evaluate the effectiveness of policies and interventions and meet the needs of affected communities and individuals.

The paper also lists nine recommendations and one of these is: Improving the collection of alcohol-related data, see below

#### 4: Improving the collection of alcohol-related data

That a strategic and coordinated approach to alcohol research on the role of alcohol in injuries and violence is adopted to enhance our knowledge about the role of alcohol within the diverse populations by gender, age and ethnicity; and inform the development of interventions and measure the impact of interventions.

The impact of this lack of information is a limitation in the ability to plan services, to evaluate the effectiveness of policies and interventions, and to meet the needs of affected communities and individuals. There is also a requirement to have a strategic and coordinated approach to research on the role alcohol plays in respect to diseases, injuries and violence. Creating a separate field in NNPAAC is a way of moving forward to consistently and routinely capture alcohol associated data nationally for all Emergency Department (ED) attendances.

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<sup>1</sup> Alcohol Healthwatch is a team of professionals dedicated to reducing and preventing alcohol-related harm in Aotearoa/New Zealand through effective health promotion ([www.ahw.org.nz](http://www.ahw.org.nz))

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## 2.2 Progress to Date

- In July 2015 a pilot was established to determine the feasibility of collecting alcohol associated data within selected publically funded hospitals.
- Emergency medicine specialist Dr Paul Quigley from Capital & Coast DHB was appointed as clinical lead/advisor for the pilot.
- The pilot sites were nominated with the support of the New Zealand Facility of the Australasian College of Emergency Medicine (ACEM) and endorsed by the Emergency Department Information Technology group (EDIT<sup>2</sup>).
- The selected pilot sites were Waikato, Lakes, Whanganui, Capital & Coast and Southern DHBs.
- In July 2016 the pilot was opened up to any DHB that wished to join.
- July 2017 – the pilot will cease and the collection of alcohol associated data becomes mandatory for all DHBs.

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<sup>2</sup> The EDIT group was formed to come up with a national Emergency Department IT system that would be in line with the Ministry's philosophy/agenda, but also allow front line clinicians who work in EDs to have a common solution.

### 3 Guidelines

#### 3.1 Usage Guidelines

There are four valid responses to the question

#### “Is Alcohol Associated with this Presentation?”

Response	Description of the response
Y	Yes - it has been determined that alcohol consumption is directly associated with this presentation
N	No - it has been determined that alcohol consumption is not directly associated with this presentation
U	Not known (unknown) - it is not known, or could not be determined, whether or not alcohol consumption is directly associated with this presentation. PLEASE NOTE: where possible it is preferable that a Y or N be assigned to this field rather than a U
S	Secondary (this presentation is as a consequence of others' alcohol consumption – family violence, hit by drunk driver, sexual offence etc.)

- Question: What does this question mean exactly?
  - a) To answer this question so that the resulting data has meaning, the ED staff asking the question/collecting the data need to determine if alcohol is directly associated with this patient presenting to ED.
- Question: What types of patients are included? Are any types of patients excluded?
  - a) All patients presenting to ED should be assessed for this question, irrespective of age, race, gender or other such factor. No patients should be excluded.
  - b) For a 'Yes' response the person presenting to ED does not need to be intoxicated, just have consumed alcohol prior to the ED presentation and for the ED staff to have considered that the alcohol consumption played a contributing part in that presentation.
- Question: Should there be an age restriction for the field, for example 10 years and over only?
  - a) There are to be no age restrictions applied to this question.
- Question: When is this information to be collected? Who determines the answer to this question and completes the field?
  - a) It is proposed that the question be asked at any stage in the presentation assessment, eg at initial presentation, or during the assessment, or when completing the discharge summary. Wherever in the ED process makes sense, is logical and is easy to implement for each individual ED.
- Question: Is this a question the ED staff will ask the patient or will the ED staff determine this based on the information collected during the presentation?
  - a) The question should be asked of the patient (where possible and practical) however if the patient is unable or unwilling to respond and information

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collected during the presentation confirms the presence of alcohol, then ED staff should make an informed judgement.

- Question: Is there a timeframe for the alcohol consumption prior to the presentation?
  - a) For the purposes of this collection, timeframes around the consumption of alcohol are not stated (ie the consumption may have been at any time prior to the presentation).
  
- Question: Are there any restrictions to the type of attendances that collect this information? Is it ED attendances and short stay hospitalisations only? What about Health speciality code M05 Emergency medicine? What about Outpatient attendances?
  - a) It is expected that the question is to be asked when patients present directly to ED. Acute Assessment areas, Observation Units and Short Stay areas within the ED environment are not to be included. Scheduled Outpatient appointments are not to be included.

**4 Glossary of Terms and Acronyms**

Acronym/Term	Definition
Alcohol	Also called <a href="#">ethyl alcohol</a> , <a href="#">grain alcohol</a> , <a href="#">ethanol</a> , fermentation alcohol. a colourless, limpid, volatile, flammable, water-miscible liquid, C <sub>2</sub> H <sub>5</sub> OH, having an ether like odour and pungent, burning taste, the intoxicating principle of fermented liquors, produced by yeast fermentation of certain carbohydrates, as grains, molasses, starch, or sugar, or obtained synthetically by hydration of ethylene or as a by-product of certain hydrocarbon syntheses: used chiefly as a solvent in the extraction of specific substances, in beverages, medicines, organic synthesis, lotions, tonics, colognes, rubbing compounds, as an automobile radiator antifreeze, and as a rocket fuel.
ED	Hospital Emergency Department
NNPAC	National Non-admitted Patients Collection
ACEM	Australasian College of Emergency Medicine
EDIT	Emergency Department Information Technology group
Alcohol Healthwatch	Alcohol Healthwatch is a team of professionals dedicated to reducing and preventing alcohol-related harm in Aotearoa/New Zealand through effective health promotion

## 5 Appendix A Published Papers

### References

#### Where to find alcohol statistics

<http://www.alcohol.org.nz/resources-research/facts-and-statistics/where-to-find-other-alcohol-statistics>

#### Alcohol, Injuries and Violence (Policy Briefing Paper), Alcohol Healthwatch November 2012

<http://www.ahw.org.nz/resources/Briefing%20papers/2012/Policy%20Briefing%20Paper%20Alcohol%20Injuries%20and%20Violence%20final%20draft%2012.11.12.pdf>

#### Alcohol-Related Injury: An Evidence-Based Literature Review, Research New Zealand February 2012

[http://www.alac.org.nz/sites/default/files/research-publications/pdfs/alcohol-related%20injury%20lit%20review%20FEB2012\\_0.pdf](http://www.alac.org.nz/sites/default/files/research-publications/pdfs/alcohol-related%20injury%20lit%20review%20FEB2012_0.pdf)

#### South Island DHBs Position Statement on Alcohol July 2012

<http://www.cdhb.govt.nz/corpbrd/CPH-DSACMeetings/2012/04September4/Item%209%20SI%20Alcohol%20Position%20Statement%20Combined%20PDF.pdf>

#### Alcohol and Injury in Emergency Departments, World Health Organization 2007

[http://www.who.int/substance\\_abuse/publications/alcohol\\_injury\\_summary.pdf](http://www.who.int/substance_abuse/publications/alcohol_injury_summary.pdf)

#### The Impact of Enforcement on Intoxication and Alcohol Related Harm, Geneye Research Ltd 2005. Funded and supported by ACC

<http://www.police.govt.nz/resources/2005/wgtn-city-alcohol-enforcement-report/wgtn-city-alcohol-enforcement-report.pdf>

#### National Alcohol Strategy 2000-2003

[http://www.ndp.govt.nz/moh.nsf/pagescm/576/\\$File/nationalalcoholstrategy.pdf](http://www.ndp.govt.nz/moh.nsf/pagescm/576/$File/nationalalcoholstrategy.pdf)

#### Review of the National Alcohol Strategy September 2007

<http://www.ndp.govt.nz/moh.nsf/indexcm/ndp-publications-nas20002003review>

American College of Surgeons Committee on Trauma. Alcohol screening and brief intervention (SBI) for trauma patients. Committee on Trauma Quick Guide. Chicago: ASCOT, 2007.

Hosking J, Ameratunga S, Bullen C, Civil I, Ng A, Rodgers A. Screening and intervention for alcohol problems among patients admitted following unintentional injury: a missed opportunity? *New Zealand Medical Journal* 2007;120(1249):9.

Langley, J. Gulliver, P. Cryer, C. Kypri, K. Civil, I. Davie, G. (2013) Use of alcohol intoxication codes for serious non-fatal hospitalised injury. *Injury* <http://dx.doi.org/10.1016/j.injury.2012.11.021>