The Use of a Community Based Alcohol Treatment Program to Reduce ER Length of Stay at a Level 1 Trauma Center
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Problem:
Inappropriate use of emergency departments (EDs) adds an enormous burden to American healthcare systems. One problem that is commonly encountered in EDs is acute alcohol intoxication. A recent utilization study found that acute alcohol intoxication accounted for more transports than seizure or respiratory disorders.1 For both medical and legal reasons, many hospitals will not discharge intoxicated patients until their blood alcohol concentration (BAC) is at a legal limit. This requires medically stable, but intoxicated patients to remain in the ED until they are sober.

Evidence:
Treatment of alcohol and other drug abuse has been shown to decrease health care costs by reducing hospitalizations, ED visits, and total medical costs.2 Randomized control trials have demonstrated the effectiveness of brief interventions by health care workers in EDs at reducing alcohol consumption, motor vehicle violations, and alcohol related injuries.3 4 5

Strategy:
Develop a protocol for transferring medically stable, but intoxicated patients out of the ED and into a safe environment.

Practice:
In 2006 the University of Louisville Hospital developed the Community Alcohol Program (CAP Van). The purpose of this pilot program was to transfer medically stable, but intoxicated patients to a community treatment facility for detoxification.

Evaluation:
The monthly encounters for ICD-9 code 305.0 and length of stay were obtained. Costs savings were estimated based upon routine level of care (Level 3) for most intoxicated patients.

Results:
Over the course of 3 years, the CAP Van program transported nearly 1500 patients (20 % of patients seen with ETOH) to a treatment facility, therefore reducing ER LOS. A significant cost savings for the organization was noted, based on the reduction of ER LOS.

Recommendations:
Having staff members specifically trained to recognize and interact with ED patient’s with dependency issues may increase the percentage of patients participating in the program.
**Lessons Learned:**
It is important to orient all ED staff (in particular those working night shifts) to the processes involved when implementing a new program.

**Bibliography**