

EVALUATING THE INTEGRATED MANAGEMENT PATHWAYS FOR ALCOHOL AND DRUG CLIENTS INTO TREATMENT (IMPACT) SERVICE

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Introduction and Aims: Substance use disorders are common amongst frequent attenders to Emergency Departments (ED), however there have been few attempts to systematically respond to such individuals outside of hospital. IMPACT aims to respond to frequent ED attenders (≥5 past year) at Prince of Wales and Sydney Hospitals by establishing an assertive outreach case management model staffed by social workers and by extending D&A hospital based services to 7 days per week.

Design and Methods: The design is a pre-post evaluation of the IMPACT project, examining (a) changes in unnecessary ED presentations; (b) substance use and general health outcomes in participating clients; (c) participation in health and welfare services; and (d) cost effectiveness. The presentation overviews available literature, and describes the IMPACT clinical model.

Results: Preliminary findings indicate that of 34 participants enrolled between October 2014 and May 2015, alcohol (73%) was the primary presenting drug, followed by polydrug use (12%). There were equal numbers of women and men, and mean age 45 years (SD=11). Before involvement with IMPACT, participants had an average of 1.1 ED visits per month, dropping to 0.8 visits/month post-IMPACT. Further results will be made available at APSAD.

Discussion and Conclusions: Service models are required that transition patient care from hospital to community settings and to reduce the burden upon ED. Preliminary results demonstrate a modest saving in ED visits, and good retention in the program.

Implications for Practice or Policy: Integrated care principles support the development of more efficient and effective models of responding to individuals with significant D&A problems that transitions the focus of care from hospital to community settings.

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