Quality Improvement: Creating an Opioid Withdrawal Protocol For the Inpatient Setting

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SUD patients are associated with:

- ↑ readmissions
- ↑ AMAs
- ↑ co-morbidities
- ↑ Length of stay and cost
  = Up to 25% of hospitalized patients

All of the above impacts HCAHP scores/Quality of Care

Benefits of Treatment w/Buprenorphine

- ↓ mortality by 50%
- ↓ decrease acquisition of HIV infection
- ↓ decrease crime
- ↑ increase rate of retention in rehab programs
Background and Methods

• Baseline data:
  • OUD patients with more than 4 unplanned readmissions in the last 30 days for 2019 was 22/427 with OUD related diagnoses.
  • Average length of stay was 7 days.
  • Number leaving AMA was 17 out of 427 patients with OUD-related diagnoses.
  • We are in progress of obtaining # of inpatient opioid overdoses and buprenorphine scripts on discharge.

• Goals:
  • 1. Improve treatment for >90% of patients admitted with OUD-related diagnosis
  • 2. Increasing administration of buprenorphine via a COWS protocol that is hospitalist-friendly.
  • 3. Reduce readmissions and AMAs, increase provider comfort with identifying and addressing opioid withdrawal.
Conclusion

Root Cause Analysis
- There is currently no opioid withdrawal protocol or policy in place to treat medical patients
- There are no order sets for opioid withdrawal treatment in the hospital EMR

Solution
- Create a COWS protocol with buprenorphine for addressing opioid withdrawal in medical patients (implementation starts June)
- Build order sets in EMR
- Any disputed areas will be discussed in breakout meetings
- Educate nursing, pharmacy, and medical staff in opioid withdrawal treatment, OUD, and use of order sets

Metrics for Measuring change: After 6 months of implementation...
- OUD-related diagnoses, # AMA, readmissions, # buprenorphine administered inpatient and on discharge,
- survey hospitalists to assess with comfort after implementation