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

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Background

SUD patients are associated with:

⬆ readmissions

⬆ AMAs

⬆ co-morbidities

⬆ Length of stay and cost

= Up to 25% of hospitalized patients
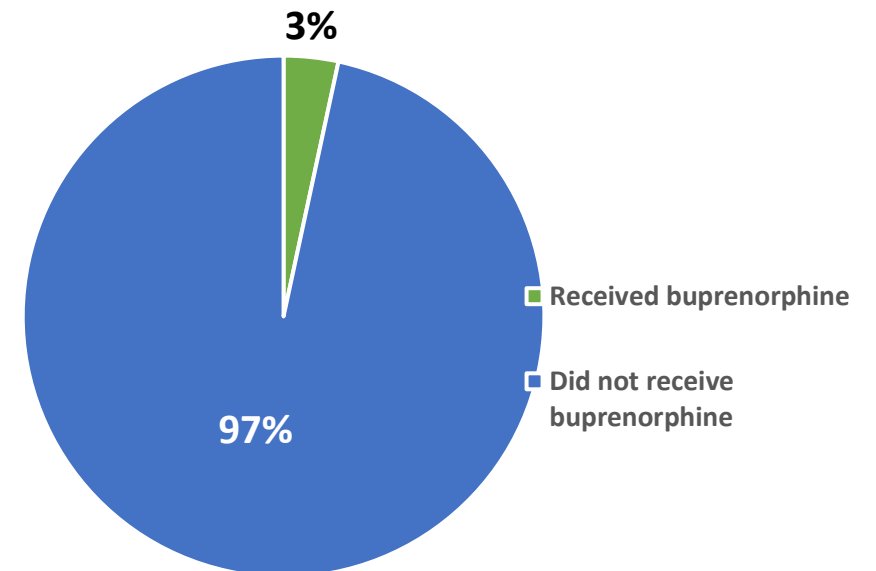
All of the above impacts HCAHP scores/Quality of Care

Benefits of Treatment w/Buprenorphine

⬇ **mortality by 50%**

⬇ decrease acquisition of HIV infection

⬇ decrease crime

⬆ increase rate of retention in rehab programs

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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.

Buprenorphine Inpatient Administration (n=689)

3%

97%

■ Received buprenorphine

■ Did not receive buprenorphine

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

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