

Multidisciplinary Approach to Decreasing Alcohol Use Disorder Readmissions and Length of Stay



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Background

- Alcohol Use Disorder (AUD) is a growing problem in the United States causing an increase in morbidity and mortality
- At West Virginia University Hospitals (WVUH), Alcohol Use Disorder and its subsequent sequela fell into the top 5 primary diagnoses for 30-day readmissions based on local Vizient data for 2023
- The use of phenobarbital for Alcohol Use Disorder associated withdrawal has increased in popularity with improvements in key driving outcomes (LOS, ICU escalations, readmissions)

Objectives

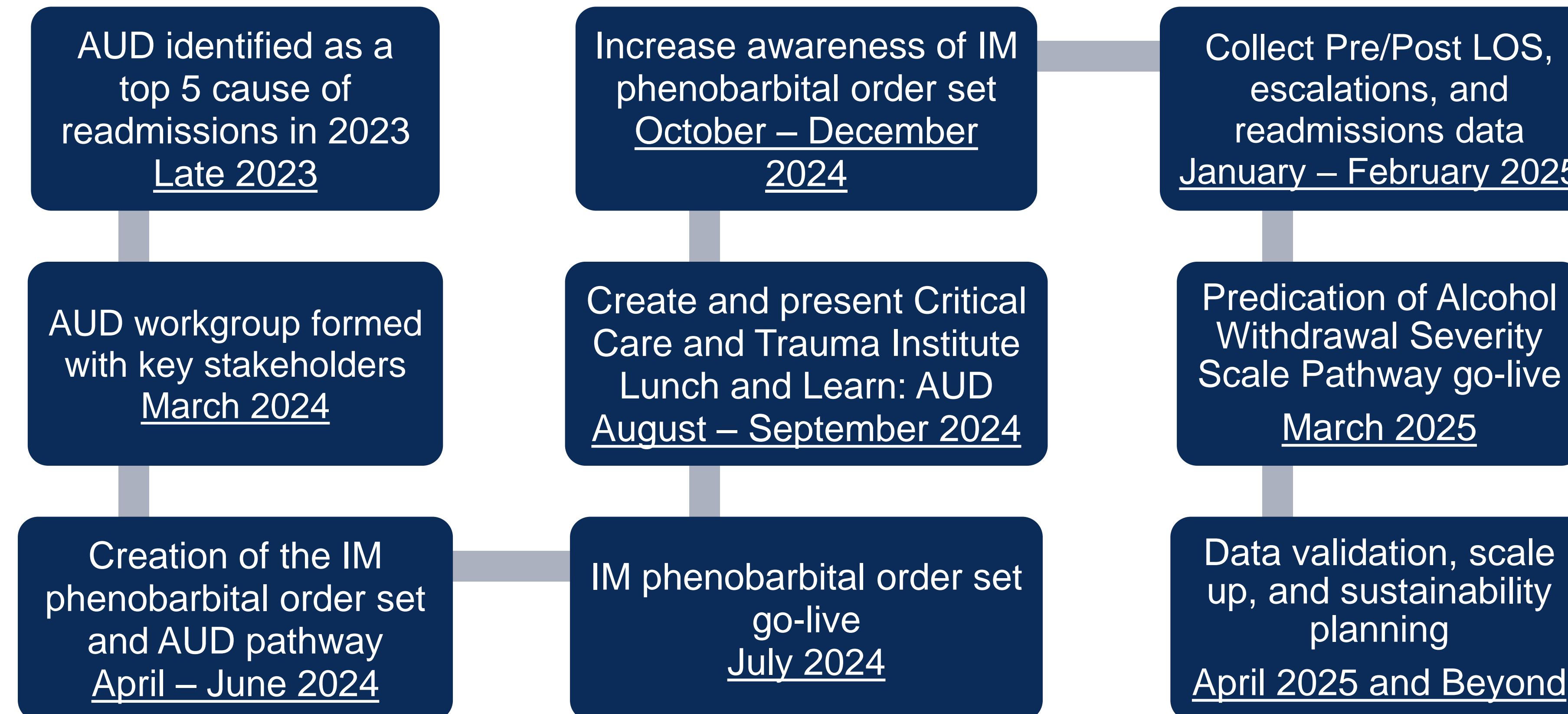
- Decrease length of stay, readmissions, and escalations of care by 10% by Q4 2025 from initiation of the intramuscular phenobarbital order set (Q3 2024) for alcohol withdrawal related admissions

Pre-implementation Data Q1-Q2 2024

Readmissions (n=374)	ICU escalations	Length of Stay
15.63%	71 (12)*	4.71 days

*(12) escalations related to complex withdrawal

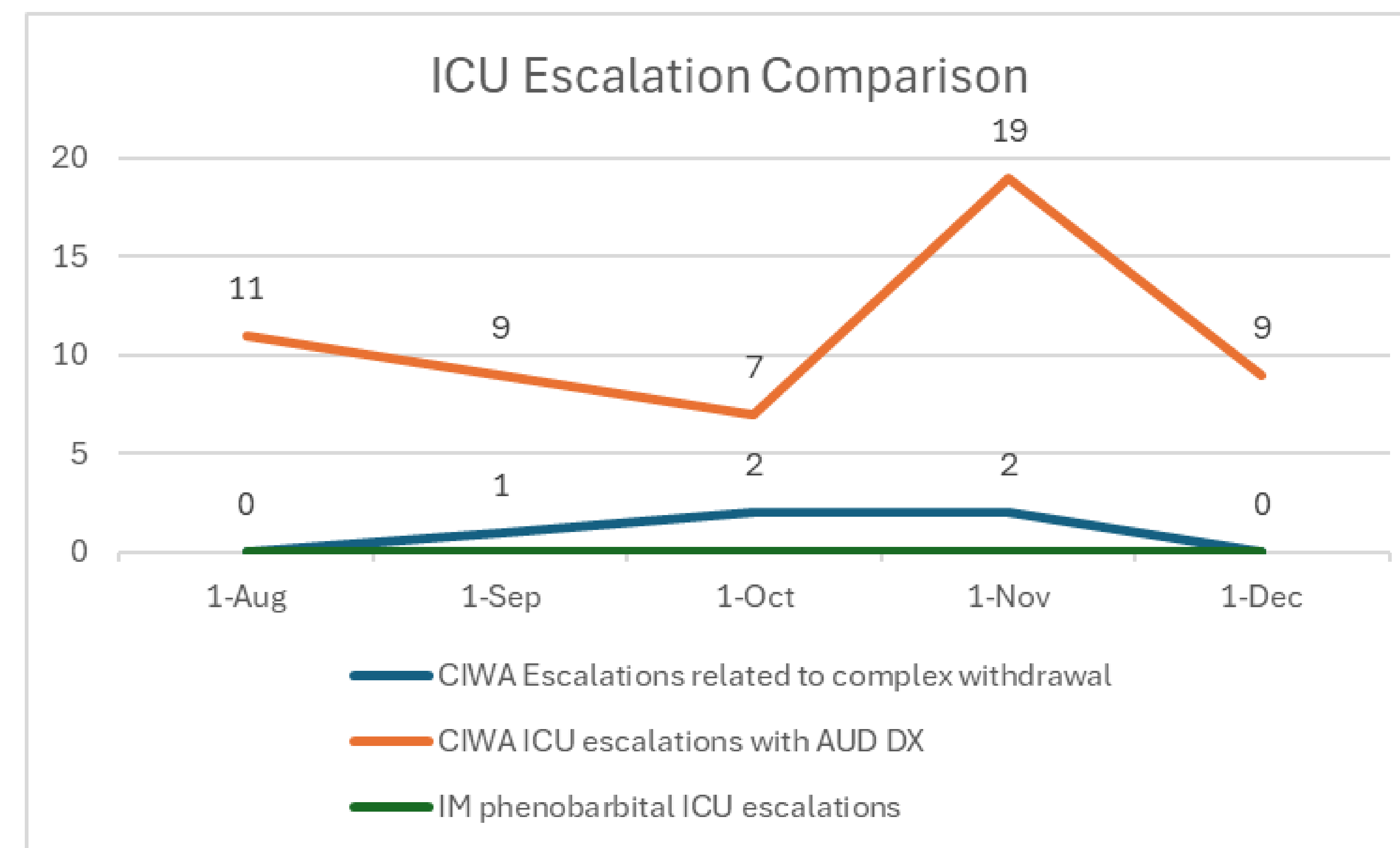
Improvement Action Plan with Actions Taken



Results

Group (Encounters)	Aug-Dec 2024 30-Day Readmission Rate*	Aug-Dec 2024 Length of Stay*
CIWA lorazepam (n = 239)	13.62%	4.87 days
IM phenobarbital (n=22)	13.64%	3.63 days

*Note – changes from abstract data to account for delayed Vizient data extraction



Scale Up Plan

- Utilize PAWSS in the Emergency Department to risk stratify WVUH patient population
- Increase utilization of the IM phenobarbital AUD protocol
- Validate the data set to create a sustainable pathway to allocate patients based on risk of complicated withdrawal and level of motivation to seek help
- Create an outpatient referral location for unmotivated patients not wanting inpatient rehabilitation (i.e. Chestnut Ridge Center, Center for Hope and Healing)

Sustainability Plan

- Imbed PAWSS into nursing admission workflow during Emergency Department screening
- Command Center physician throughput will assess PAWSS and determine risk stratification
- Adherence to the pathway will be assessed within 30 days and then quarterly thereafter with follow-up education if needed based on a 90% compliance rate to assessing each AUD admission with PAWSS

Lessons Learnt

- A multidisciplinary approach is key to designing a sustainable program to reduce readmissions, ICU escalations, and length of stay
- Current and future employee education requirements must be considered when creating an implementation timeline
- IM phenobarbital is an excellent tool for use in the prevention and treatment of complicated alcohol withdrawal

References

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