



Development of an ED Alcohol Detoxification Protocol To Decrease Admissions and 30-day Readmissions

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Problem Statement

Patients seeking alcohol detox treatment was the third highest admission diagnosis and the fourth highest 30-day readmission diagnosis for January-July 2018.

Project Objectives

- Develop multi-disciplinary team
- Conduct literature review to ascertain best practices
- Implement standardized protocol

Facility Demographics

238-bed community hospital in central Virginia that is part of a healthcare system encompassing 13 acute care facilities.

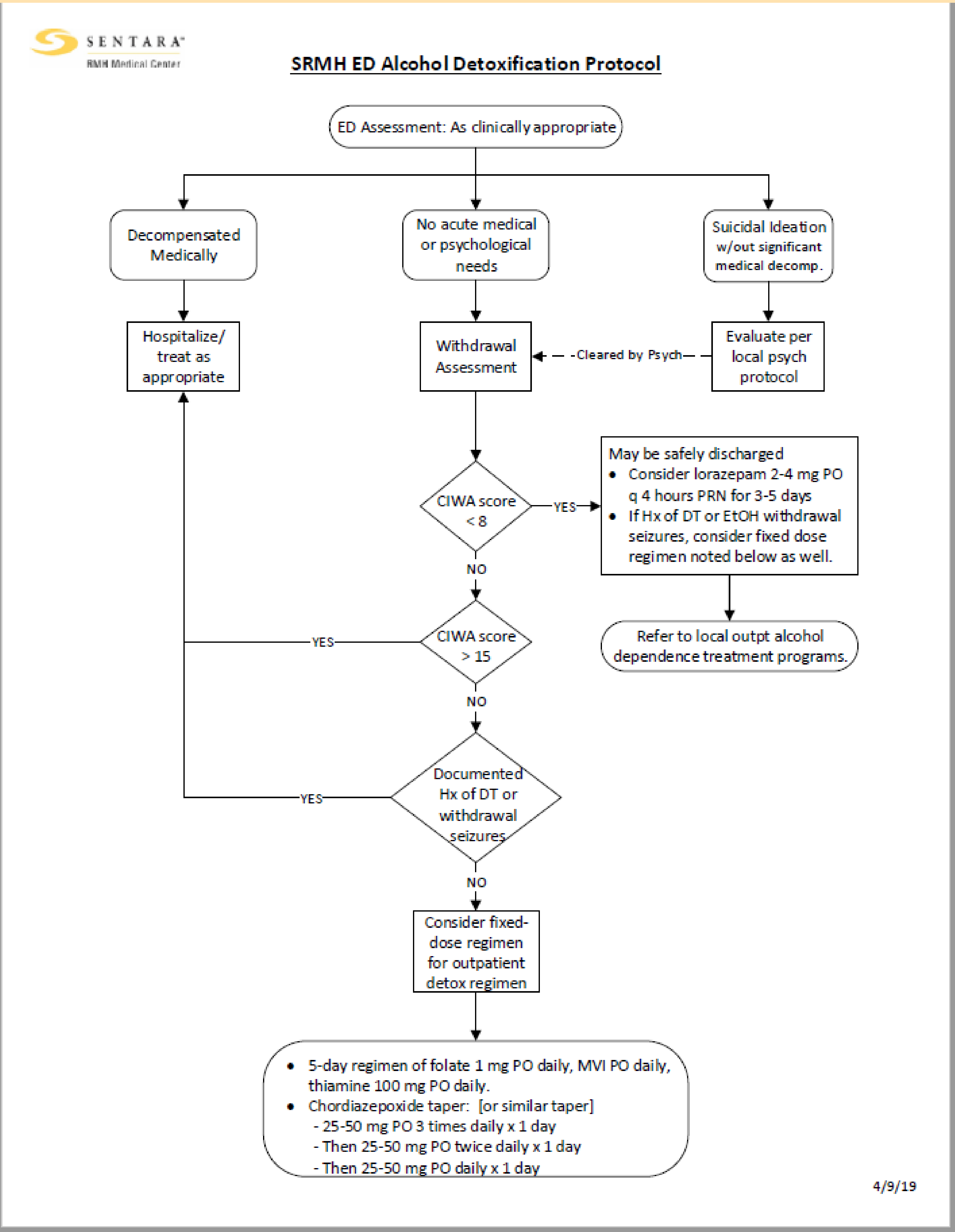
Patient Safety Significance

Clinicians caring for patients presenting to the ED in need of detoxification from alcohol must make difficult decisions regarding whether to provide inpatient versus outpatient treatment. A protocol to guide this decision provides standardization of safe care and optimal outcomes.

Methodology

A multi-disciplinary team assembled in January 2019 to address and improve the alcohol detox admission process and readmission rates. A review of the literature was conducted. The UNC Hospital Medicine Alcohol Detoxification Protocol was identified as best practice (Stephens, et al., 2014)

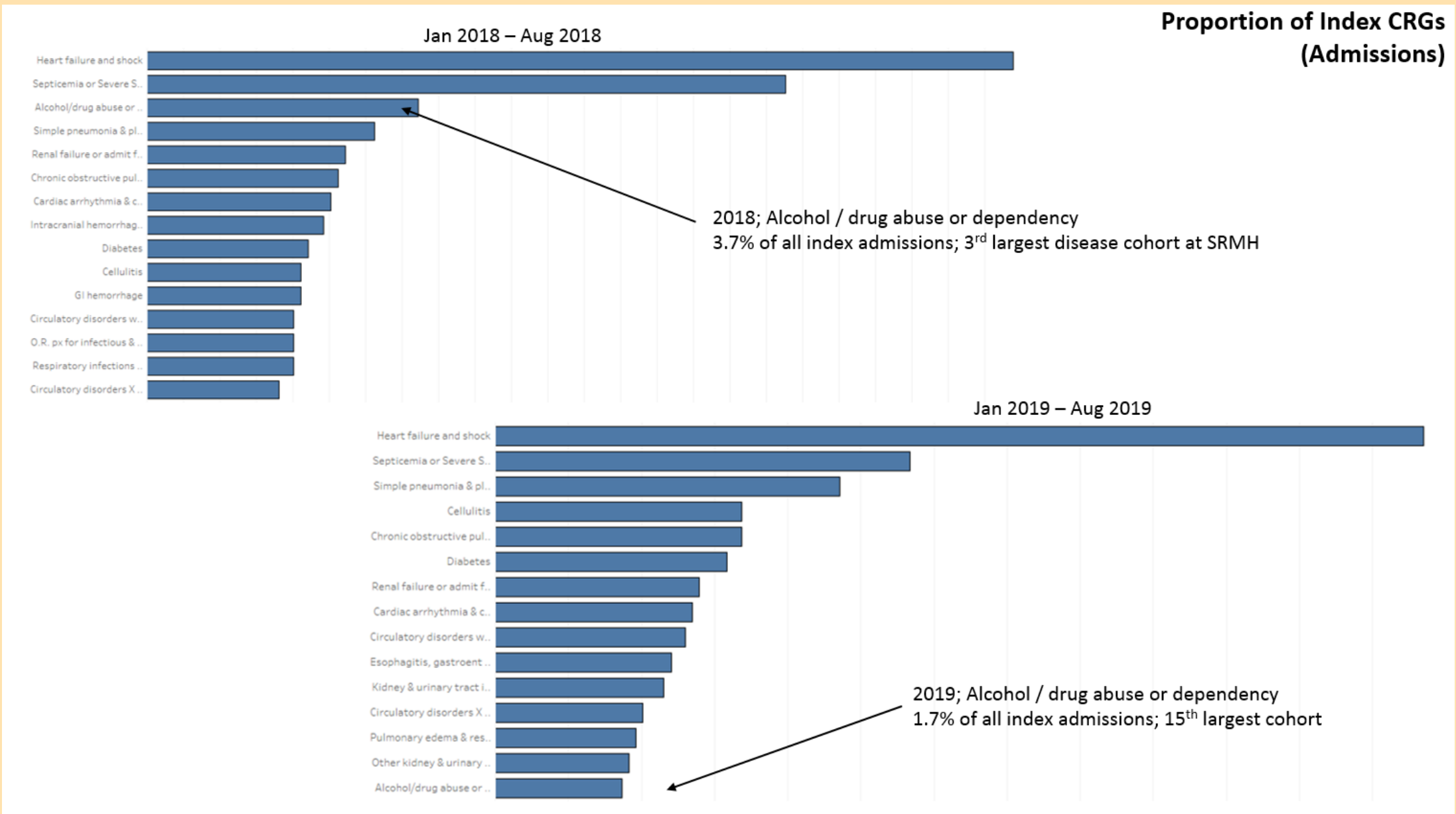
This protocol was adapted and implemented in May 2019.



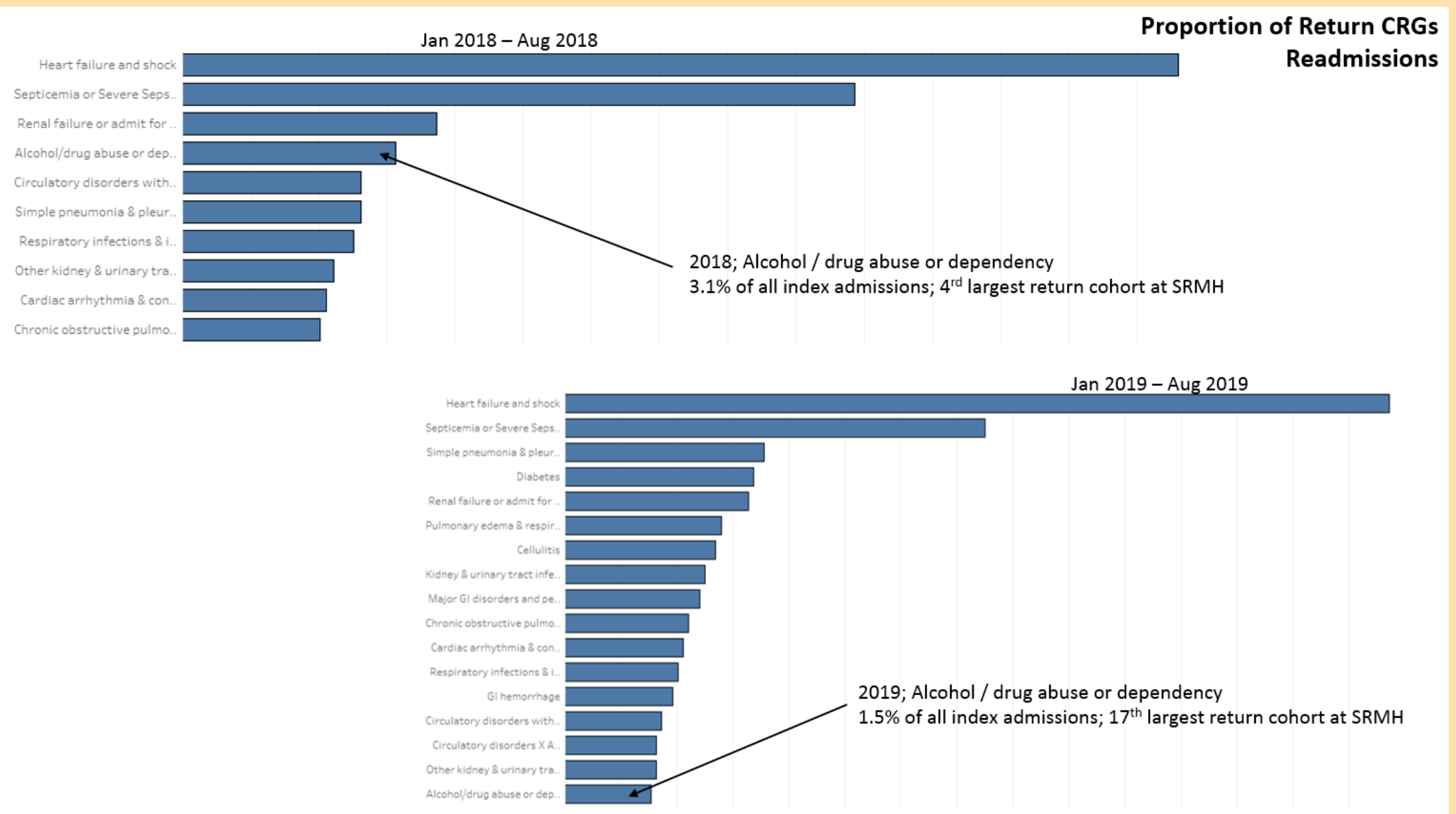
Results

- The percentage of **admissions** for the CRG alcohol/drug abuse or depend w/o therapy decreased from 3.9% (3rd highest reason for admission) in January-July 2018 to 1.7% (15th highest reason for admission) in January-July 2019.
- The percentage of qualified **readmissions** decreased from 3.4% (4th highest reason for admission) in January-July 2018 to 1.7% (15th highest reason for readmission) in January-July 2019.

Admissions



Readmissions



Applicability to Peers

- The use of a standardized protocol may have similar results in like facilities.
- Potential barriers include lack of a cohesive multi-disciplinary team and administrative support.

References available upon request