

Building a System for Inpatient Addiction Management at UCSF Health

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Background

- From a 2019 UCSF Addiction Health Needs Assessment, we know that 89% of patients admitted to UCSF Health were not receiving medications for evidence-based opioid use disorder and alcohol use disorder treatment
- We know that rates of opioid overdose have increased in San Francisco during the past year, and in the past year there were 697 patients who died of opioid overdoses
- In addition, there have been recent inpatient deaths due to opioid overdoses and we know patients leaving Against Medical Advice (AMA) because their withdrawal isn't treated adequately

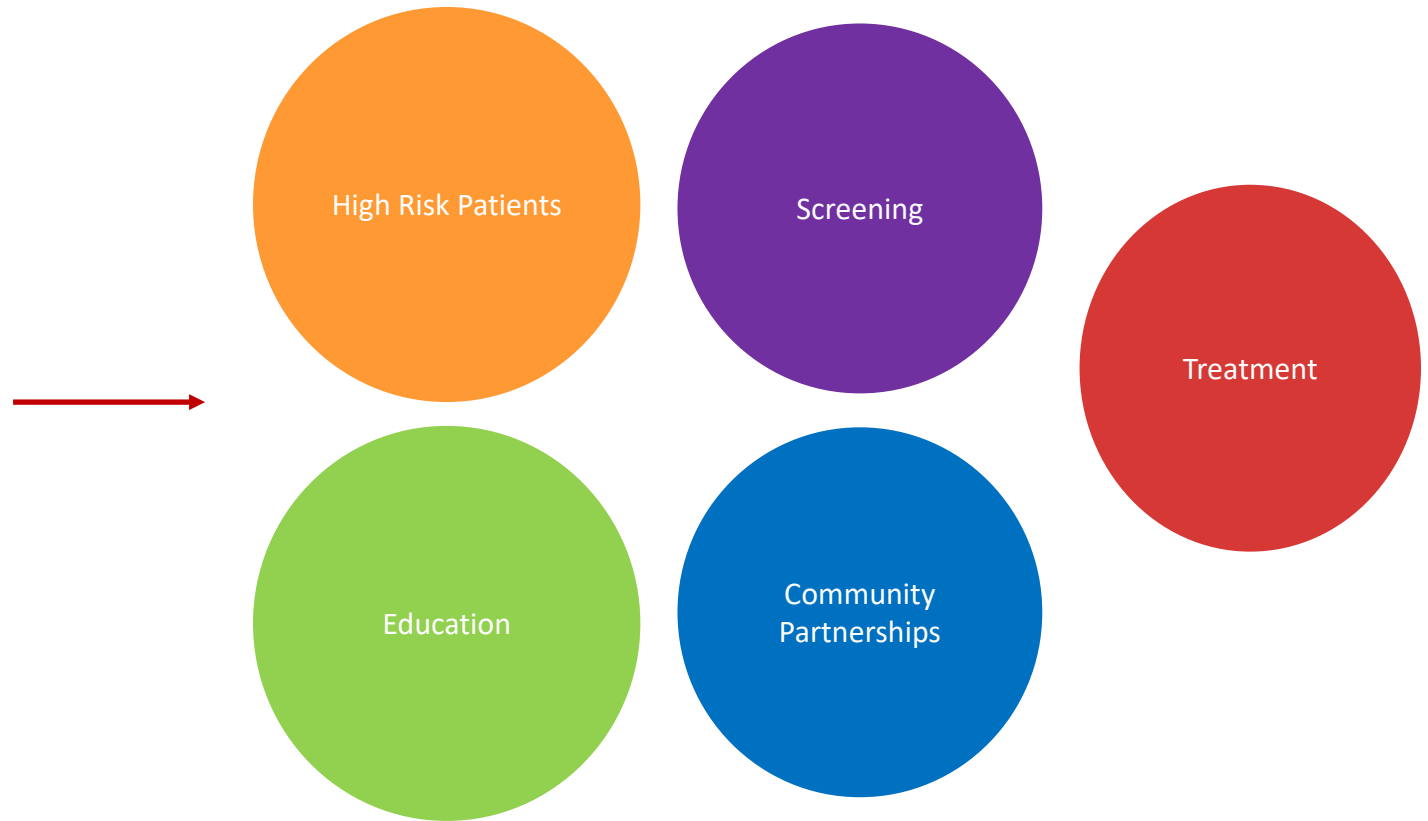
Project Goals

To increase the number of inpatients who receive evidence-based addiction treatment and linkages to outpatient care and address:

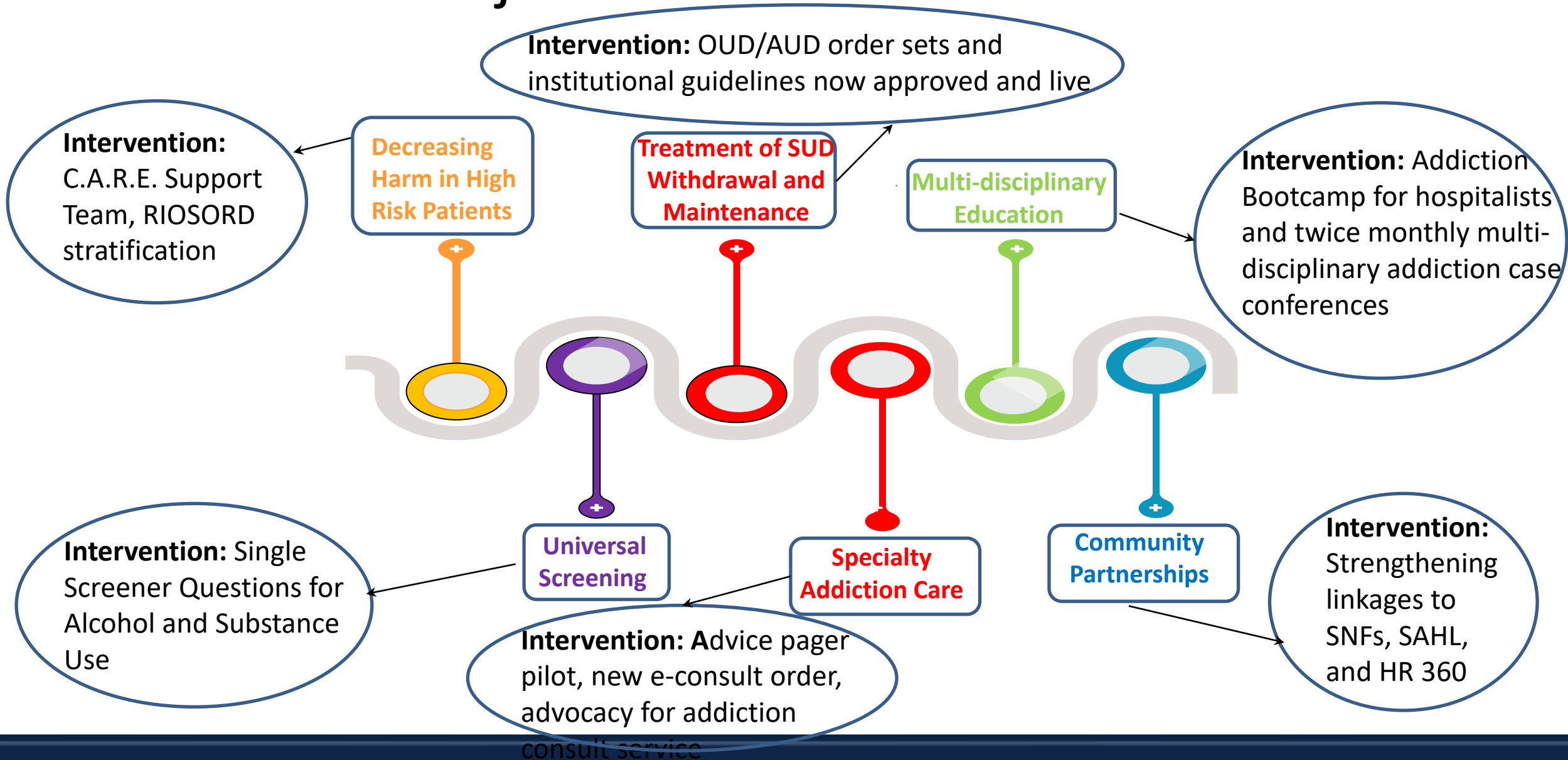
- **Substance use treatment:** Baseline surveys show that 31% with recent SUD do not receive standard medical care
- **Social support:** Our data shows that 47% of patients admitted with SUD are currently experiencing homeless or have a history of homelessness
- **Provider and nursing expertise with SUD medical management:** Our surveys have shown that both providers and nurses are not comfortable addressing substance use and providing evidence-based treatment

Gap Analysis

A comprehensive needs assessment was conducted to identify gaps in inpatient substance use management at UCSF Medical Center



Project Plan & Interventions



Project Evaluation & Impact

Alcohol/Substance Use Screening

Time taken: 4/21/2021 0834 Responsible Create Note

Alcohol/Substance Use Screening

How many times in the past year have you had X or more drinks in a day? (4 for cis gender female patients, 5 for cis gender male, transgender male, transgender female, and non-binary patients)

More than two times taken 1 week ago

Zero times One time Two times More than two times

Greater than or equal to 2 is a positive screen

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

More than one time taken 1 week ago

Zero times One time More than one time

Greater than or equal to 1 is a positive screen

Create Note

Restore Close Cancel

eConsult to Inpatient Substance Use

Referral:

To Location/POS:

By Provider:

To Provider:

Number of Visits:

Expiration Date:

Priority:

Routine STAT

Reason for Consult?

Comments:

The eConsult question: ***

Additional clinical information to guide this consult: ***

Comments contains unfiled wildcards (****) or SmartLists.

Next Required Link Order Accept Cancel

- Single Question Screener that is part of nursing “required” documentation will pilot 6/2, populating two system lists
- Medication guidelines have been approved by P&T for AUD/OD
- Order sets have been endorsed by P&T and are live in APeX
- Addiction advice pager is active for Hospital Medicine only and new e-consult order has been created in APeX
- C.A.R.E. Support Team has been created and could possibly use system lists from screening or e-consult to identify patients

My Lists

- *JZG - Cross-Cov...
- aDC truth
- adolescent
- aOrder Set Valid...
- BCHO My List
 - BCHO Orange T...
 - BCHO Ortho Team
 - BCHO PICU Red...
 - BCHO Purple Te...
 - BCHO Silver Team
- Code C.A.R.E.
- Code Status - AC...

Available Lists

- Radiology Proced...
- Resident Code St...
- Respiratory Ther...
- Respiratory Ther...
- Respiratory Ther...
- Respiratory Ther...
- SIRS and Sepsis
- Spiritual Care
- STEADI falls risk ...
- Substance Use M...
- TEST Quality Me...
- Transfer Center - ...

Next Steps & Lessons Learned

Next Steps:

- Our single screener question will pilot in June 2021, giving us a more accurate estimate of the patient population
- Our CARE Support Team pilot is underway and we are working on incorporating substance use management into this team
- We are working to add multiple evidence-based treatments for substance use disorders into our institutional guidelines including buprenorphine microdosing protocols into IM naltrexone
- We are continuing to advocate for more direct addiction provider and nursing support
- Expansion of educational efforts to include more physicians, nursing, pharmacists, and social workers
- Continuous data collection including tracking improvements by serially following percentage of patients with substance use disorders who receive evidence-based treatments, numbers of patients who leave against medical advice, and demographics of patient populations

Lessons Learned:

- Our success in building inpatient addiction services shows that a multidisciplinary approach to caring for a vulnerable subset of patients can lead to considerable improvements in care and produce culture change