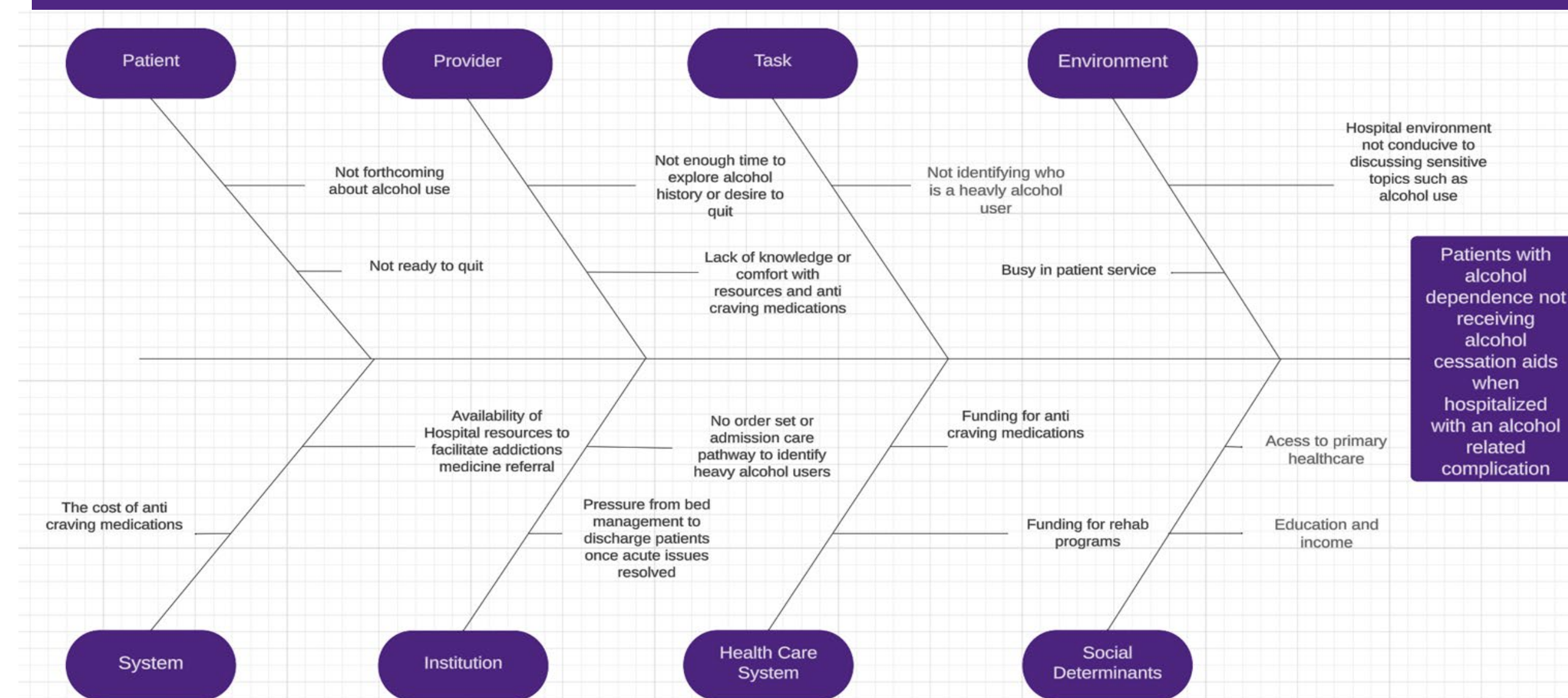


AIM Statement: After 90 days of our first PDSA cycle, we hope to increase the number of anti-craving medication prescriptions by **20%** amongst GI inpatients with alcohol-related admissions

PROBLEM DEFINITION

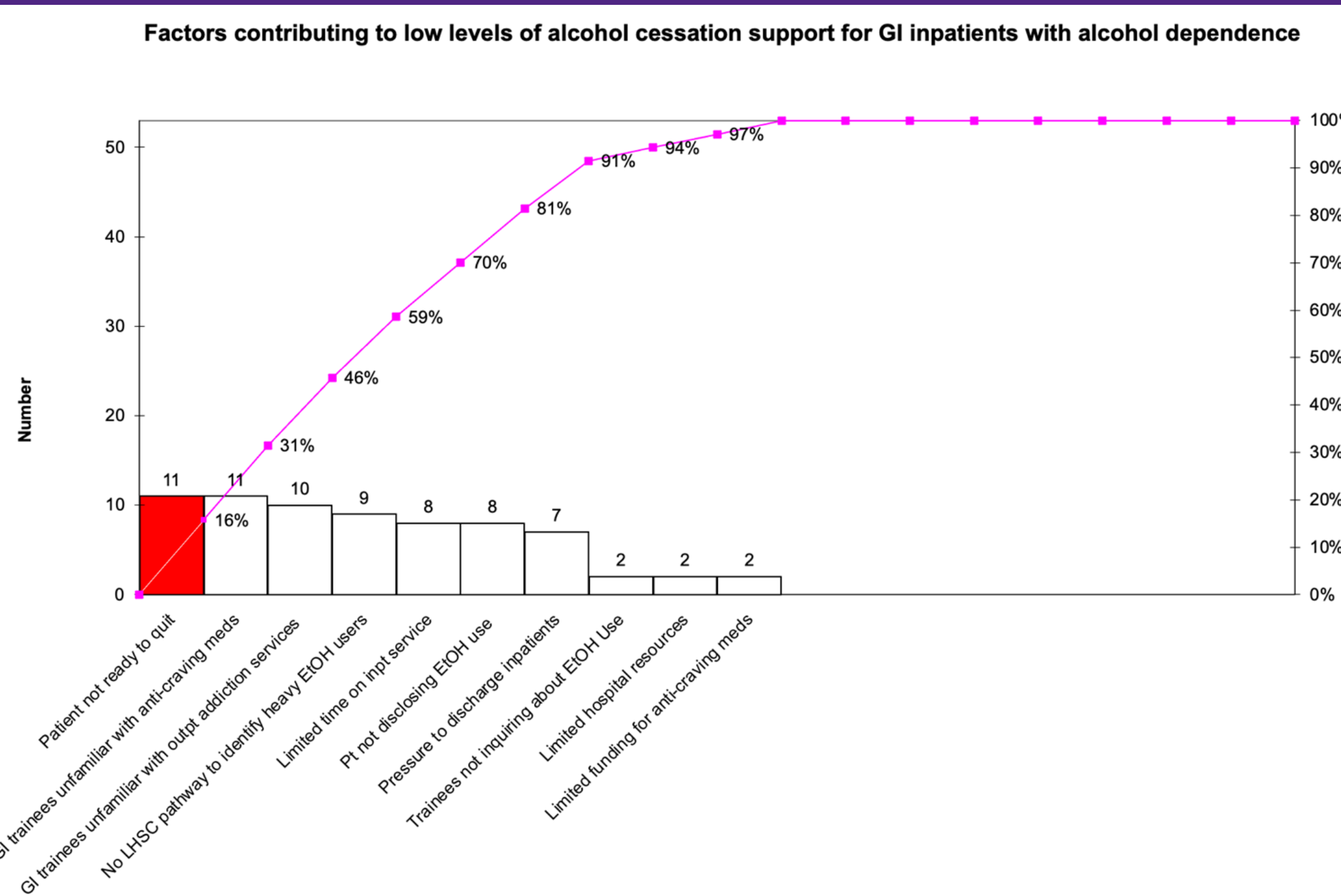
Alcohol use disorder is the third leading risk factor for death and disability worldwide, with an associated cost of over \$16 billion to the Canadian healthcare system. In a 3-month chart review of discharges from the University Hospital inpatient ward, it was identified that **≤8%** of patients with alcohol use disorder were discharged home with anti-craving medications or addiction referrals. Improving coordination between healthcare providers and patients through addictions medicine support and prescription of anti-craving medications can potentially lower the impact of alcohol-related admissions.

ROOT CAUSE ANALYSIS



Key Lessons from Stakeholder Interviews:

- GI Trainees:** Identified knowledge gap around anti-craving medications and community addiction medicine resources which limit appropriate discharge referrals as well as time constraints on busy service.
- GI Social Worker:** Motivated to engage with patients with alcohol use disorder and provide resources. Cited unfamiliarity with AUDIT questionnaire as one barrier.
- GI Nursing Team:** Cited challenges tasking RNs to complete AUDIT-C for all GI inpatients and recommend selective placement of communication orders



Pareto Chart summarizing top 4 root cause analyses:

- Patients not disclosing heavy EtOH use or declining addiction support
- GI trainees unfamiliar with anti-craving medications
- GI trainees unfamiliar with community addiction resources
- No LHSC pathway to identify heavy alcohol users

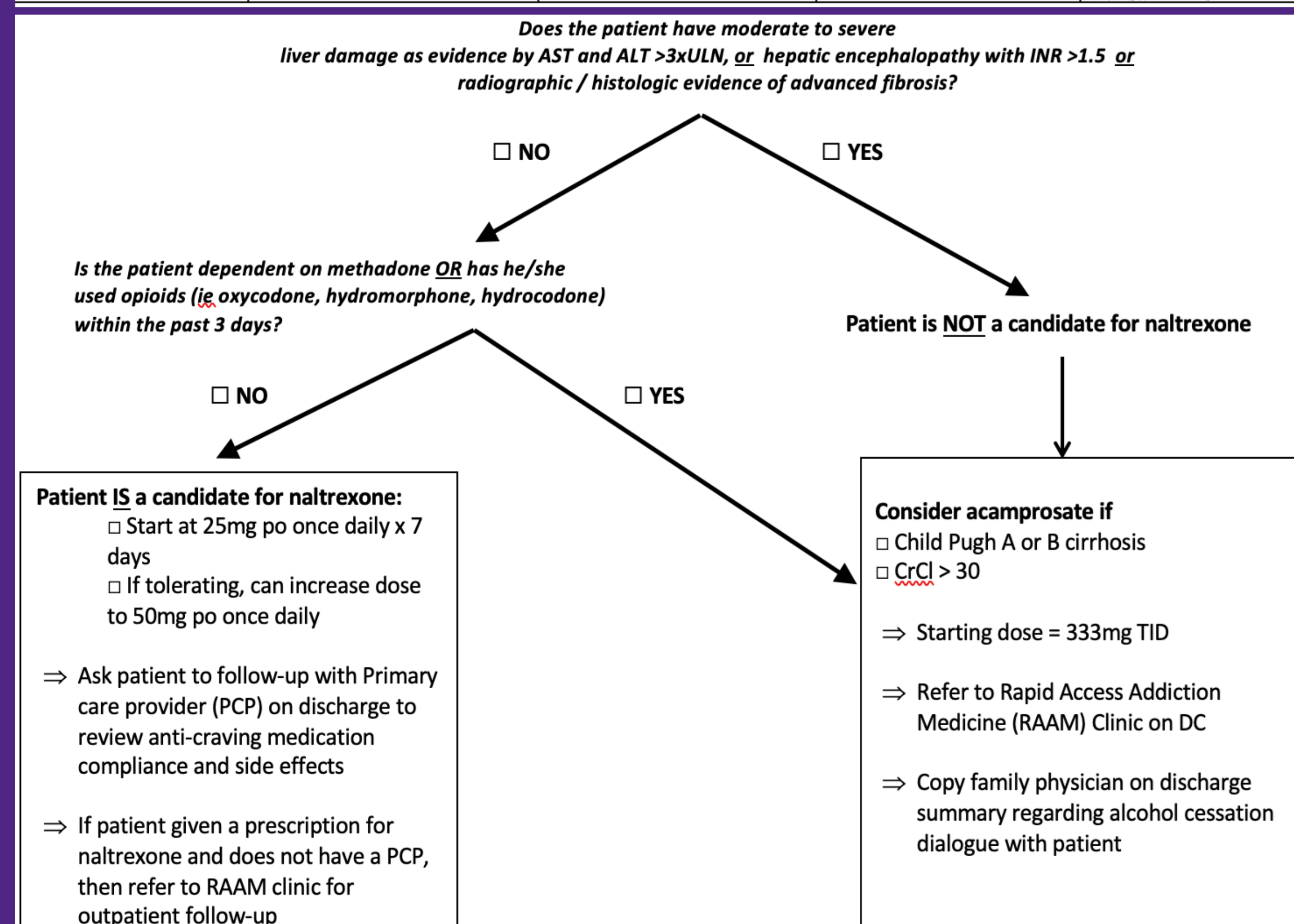
AUDIT-C Questionnaire

- How often do you have a drink containing alcohol?
a) Never
b) Monthly or less
c) 2-4 times a month
d) 2-3 times a week
e) 4 or more times a week
- How many standard drinks containing alcohol do you have on a typical day?
a) 1 or 2
b) 3 or 4
c) 5 or 6
d) 7-9
e) 10 or more
- How often do you have 6 or more drinks on one occasion?
- a) Never
b) Less than monthly
c) Monthly
d) Weekly
e) Daily or almost daily

Women: Score ≥ 3 is positive screen
Men: Score ≥ 4 is a positive screen

CHANGE IDEA B

Drug	Dosing & Titration Schedule	Candidates	Contraindications	Adverse Effects
Acamprosate GABA-receptor agonist	Starting dose: 333mg PO TID Target dose: 666mg PO TID Initiate 3-5 days after patient has been abstinent of alcohol (once withdrawal symptoms have subsided)	No hepatic metabolism; can be used in patients with Child Pugh A or B liver cirrhosis, acute hepatitis, liver failure, or liver enzymes $\geq 3 \times$ ULN Patients with alcohol use disorder and simultaneous use of opioids or opioid agonists	Renal impairment ($\text{CrCl} < 30$) Max dose 333mg TID in patients with $\text{CrCl} 30-50$	Most common: Diarrhea ($>10\%$) Other less common: Insomnia Anxiety Dizziness Nausea/vomiting Anorexia Xerostomia Altered libido
Naltrexone μ -opioid receptor antagonist	Starting dose: 25mg po once daily Target dose: 50mg po once daily Can be initiated while patient is actively drinking	Patients with concurrent alcohol use and opioid use disorder who wish to abstain from both Renal dysfunction	Use of opioids or opioid antagonists (can precipitate opioid withdrawal symptoms) Hepatic dysfunction: Do not use in patients with acute hepatitis, liver failure, liver cirrhosis	Most common: Nausea & vomiting Abdominal pain Anorexia Headache Anxiety Insomnia Myalgias/arthritis *Check liver enzymes first month of starting therapy due to risk of transaminitis



CHANGE IDEA A: Educational Handout for GI Trainees

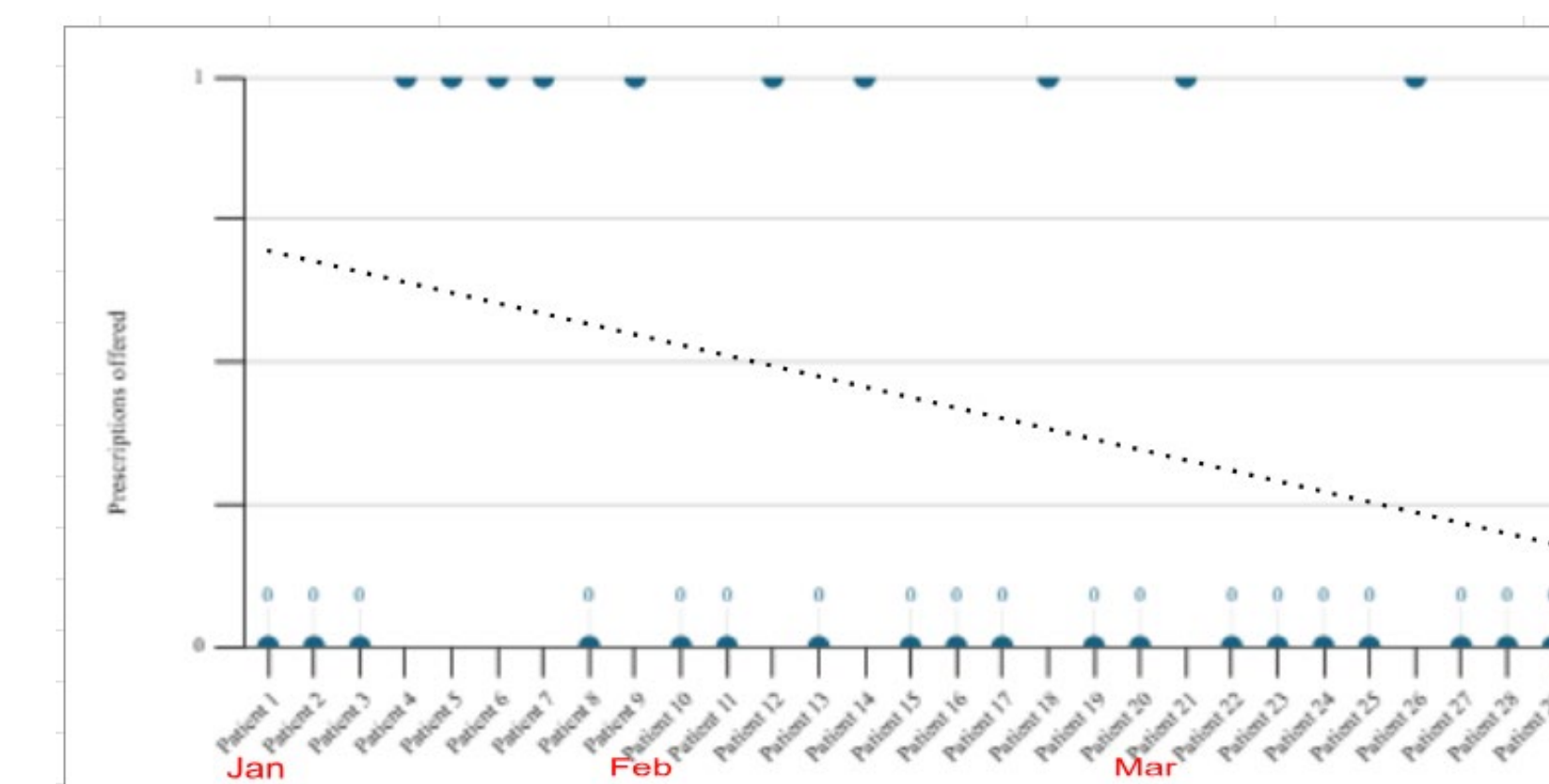
IMPLEMENTATION

- Change Idea (A):** Promote education anti-craving medications via educational handouts - PDSA 1: Rotating resident/Jrs - PDSA 2: GI staff
- Change Idea (B):** Early detection of high risk patients using AUDIT-C -PDSA 1: by nurses - PDSA 2: by rotating resident - PDSA 3: IT implementation
- Change Idea (C):** Increase SW/Addictions Medicine referrals

MEASUREMENT & RESULTS

GI Trainee Knowledge Post-Survey

- 3 trainees completed the exit survey with 100% expressing more ease with prescribing anti-craving medications
- Addictions Medicine Support Post-Intervention**
- 29 patients identified with EtOH related admission to the GI ward at UH between Jan and April 2024
- 10 were offered anticraving medications (34.4%), 5 were referred to SW (17.2%) and 6 were referred to outpatient addiction medicine (20.6%) at time of discharge



NEXT STEPS & SUSTAINABILITY

To implement a more sustainable approach to identifying these patients, we are exploring:

- Implementing the AUDIT-C questionnaire to the nurses intake workflow to screen all patients admitted to the GI ward
- Incorporating the AUDIT-C into the LHSC EMR for more sustainable adoption
- Eventually expanding the use of the AUDIT-C across all medicine units at LHSC