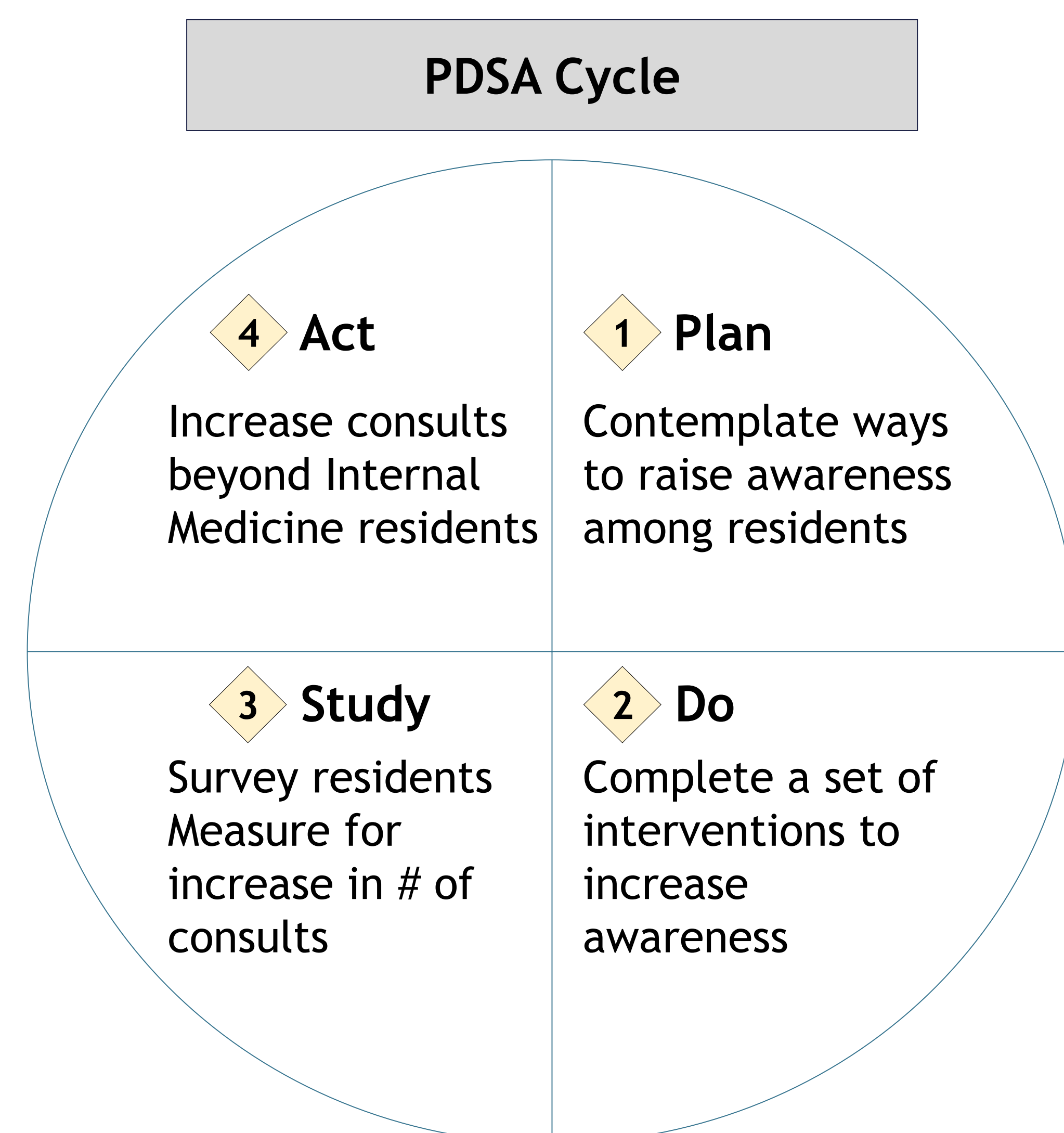


## BACKGROUND

- The United States is in a crisis of opiate-related adverse events. From 1999-2017, more than 700,000 people in the U.S. died from drug-related overdose; 68% of those involved opioids
- Admissions at Jefferson Hospital for opioid abuse complications are common among the medicine services. Treating patients for their opiate addiction is essential to prevent future opioid overdoses and other complications
- Jefferson has initiated an Opioid Aftercare Coordination Service (OACS) consult system in response to this crisis in order to increase the number of patients who receive medications for opioid use disorder on discharge
- OACS serves both Jefferson Hospital and Methodist and aims to:
  - Link patients with medications for opioid use disorder after discharge
  - Provide access to ancillary resources inpatient and outpatient
  - Provide in-hospital counseling



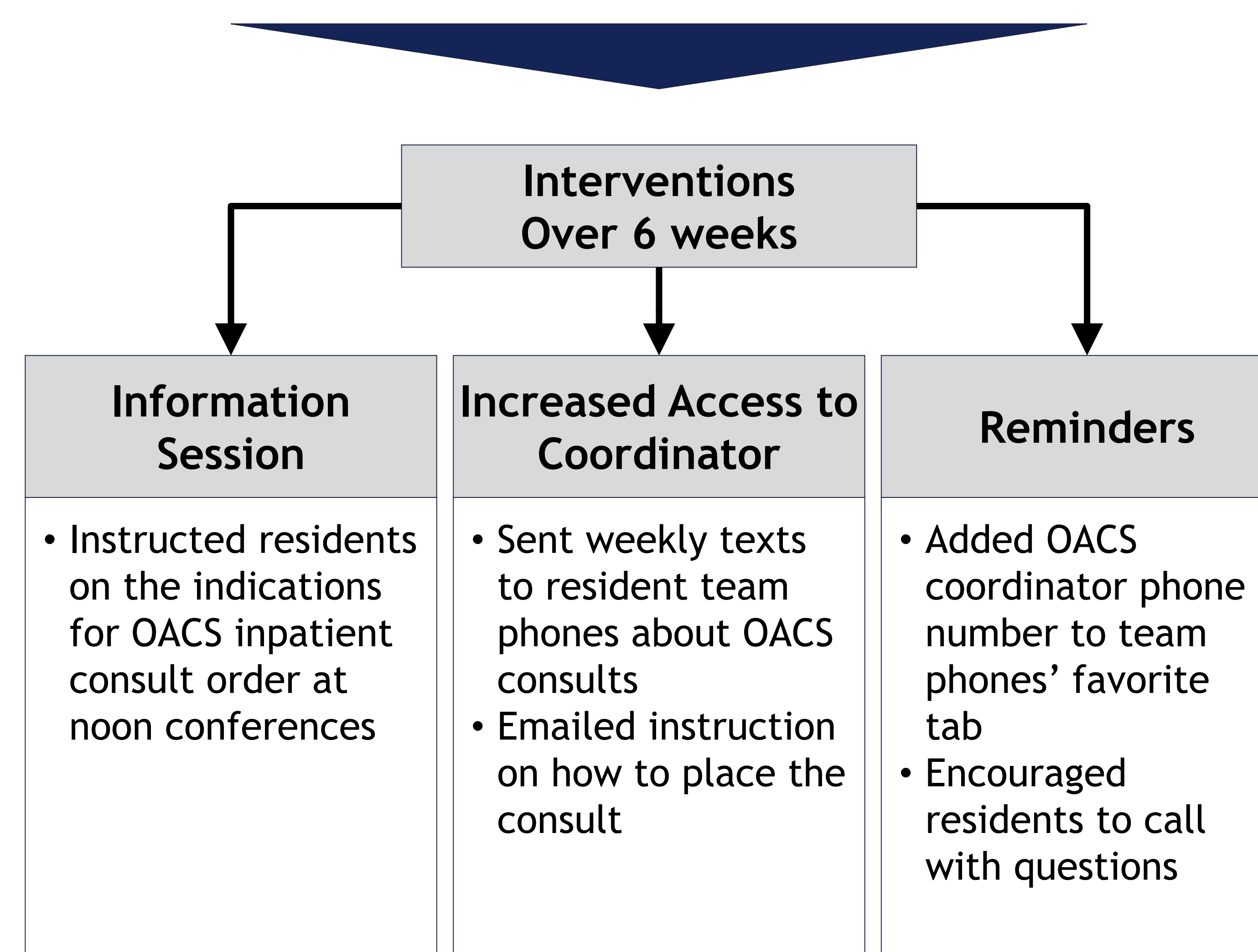
## METHODS

### SMART AIM

Increase the number of Opioid Aftercare Coordination Service Consults by 25% over a six week intervention

### Pre-Intervention Analysis

- 1 Data collected on number of consult orders by Internal Medicine resident teams prior to the intervention
- 2 Residents surveyed on Opioid Aftercare Coordination Service usage

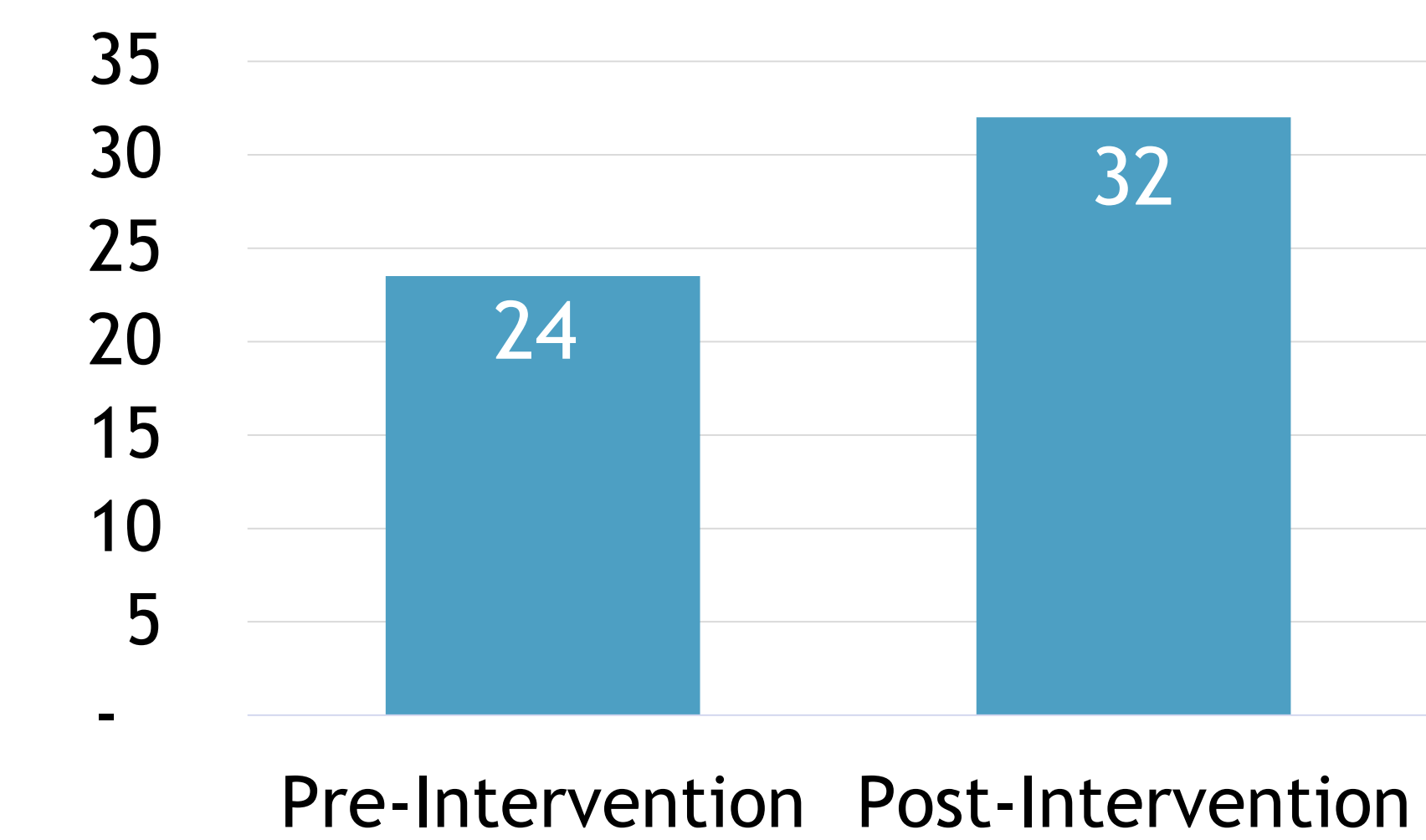


### Post-Intervention Analysis

- 1 Data was again collected on number of consult orders by Medicine resident teams after the intervention period
- 2 Residents surveyed again on their Opioid Aftercare Coordination Service usage

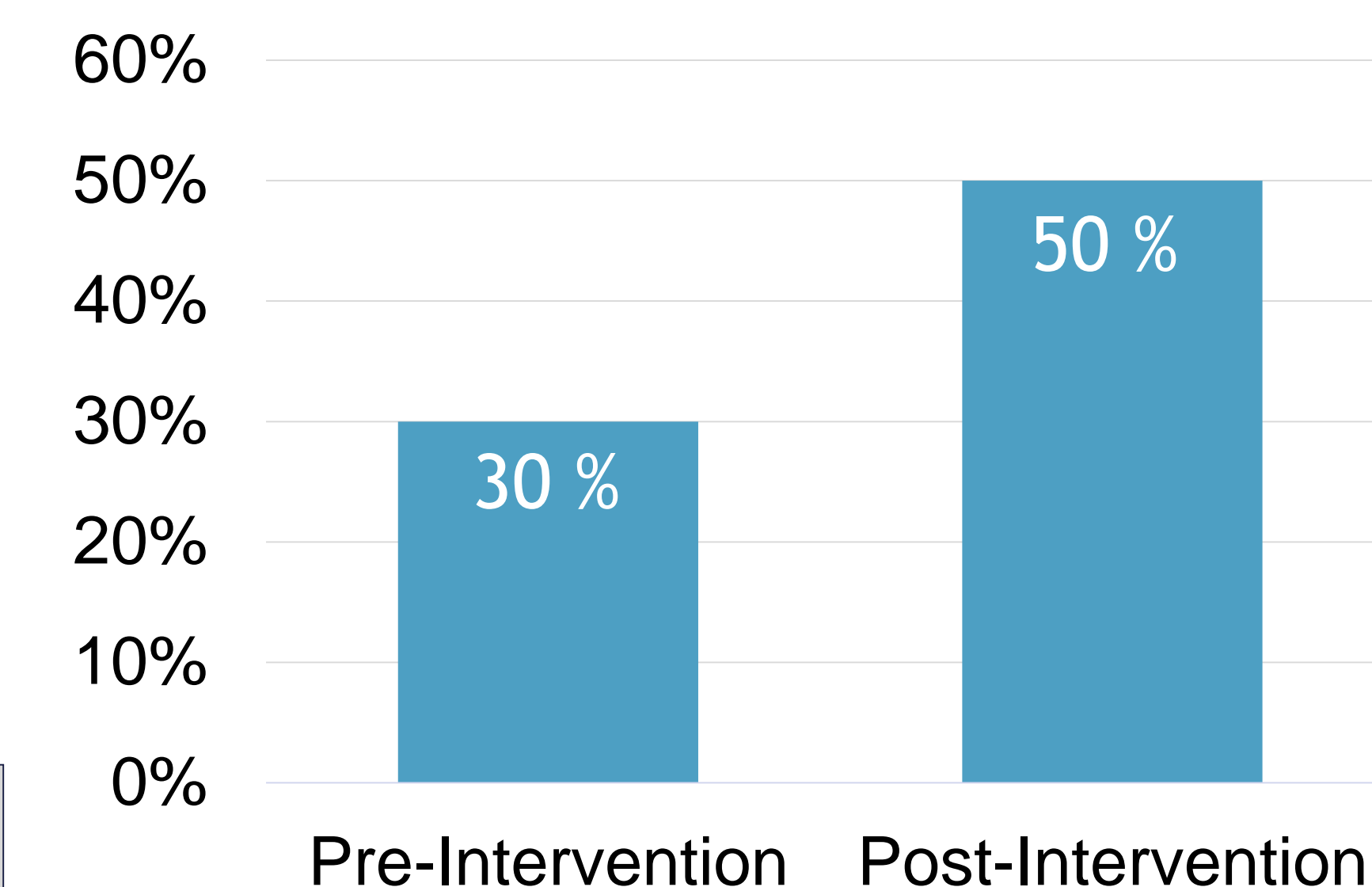
## RESULTS

### 1 Average Monthly OACS Consults



The average number of OACS consults by Medicine teams increased by 28%, exceeding our SMART Aim

### 2 Percentage of Residents who Placed OACS Order



Similarly, resident survey data show increased OACS utilization after our intervention

## DISCUSSION

- By providing direct resident education, sending weekly text reminders to inpatient teams, and facilitating ease of access to OACS coordinators, we increased OACS consult utilization by 28%
- Future studies include:
  - Expanding pilot intervention to other service lines caring for patients with opioid use disorder
  - Providing education for incoming interns
  - Exploration of nursing-driven order entry
  - Measure outcomes e.g., length of stay, readmission rates, mortality