



Opioid-Limiting Mandate did not Increase Readmissions for a Single Burn Center



Despite an opioid-limiting law to reduce prescription misuse, there was not an increase in readmissions to our burn center related to pain.

Significance

Our state's Strengthen Opioid Misuse Prevention ("STOP") Act was enacted January 1st, 2018, to reduce prescription opioid misuse. Our objective was to evaluate the impact of opioid-limiting legislation on readmission rates among burn patients to our tertiary care burn center related to uncontrolled pain.

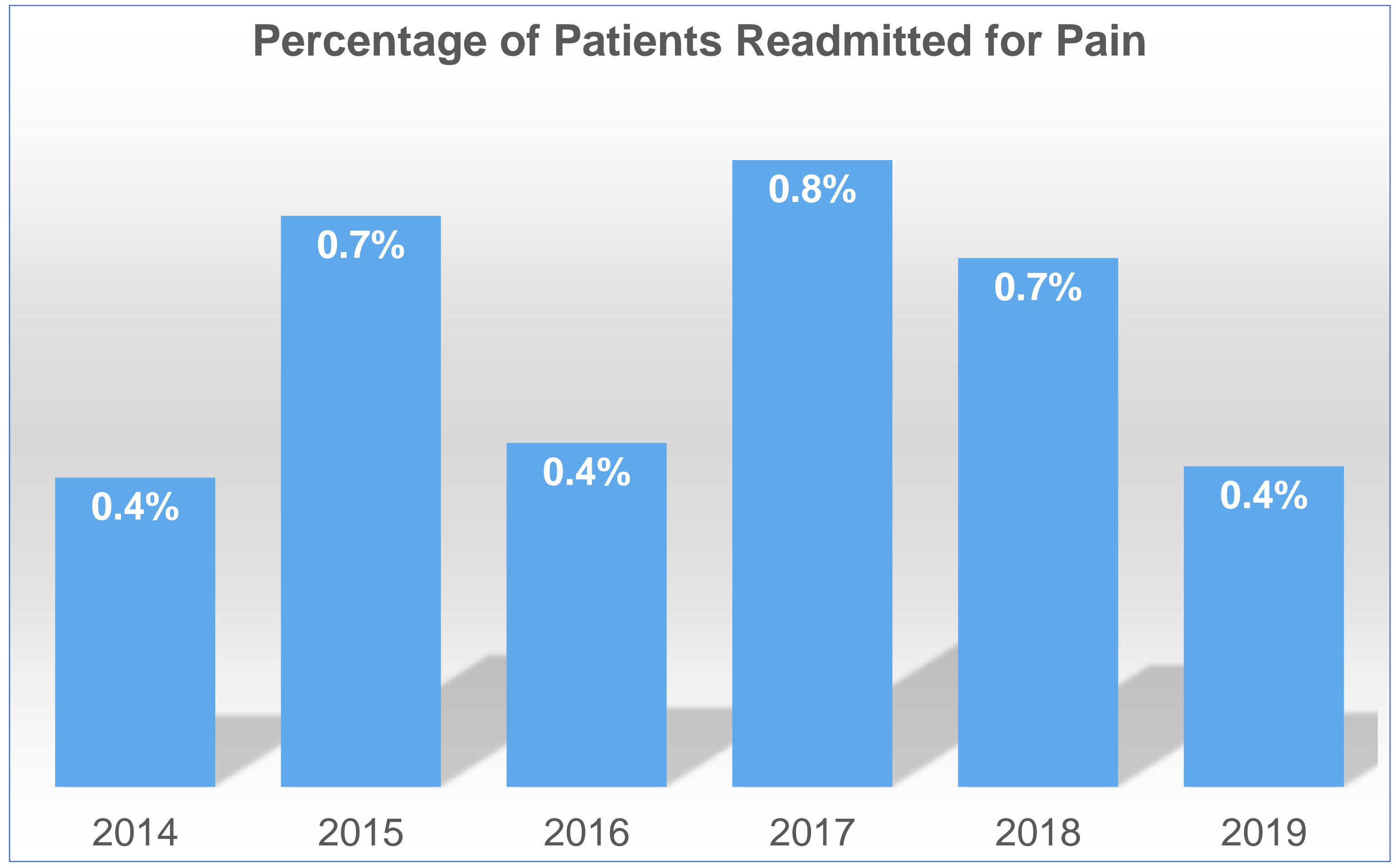
Lessons Learned

- The primary reasons for readmissions to our burn center were pain, infection, graft failure, and progression of disease. Despite the opioid-limiting law, there was not an increase in readmissions related to pain.
- We demonstrated that our current discharge planning strategies are managing pain expectations for patients. Our focus should be shifted towards improving infection control and wound care.

Results

All patients admitted between July 1st, 2014 and June 20th, 2019 were eligible for inclusion. Of 7871 total admissions, we had 160 readmissions.

| Reasons for Unplanned Readmissions | Number of Patients | Average Age | Average Readmit LOS | Average Initial LOS | % Males |
|------------------------------------|--------------------|-------------|---------------------|---------------------|---------|
| Pain | 48 | 35 | 6 | 9 | 63% |
| Other | 40 | 35 | 10 | 39 | 75% |
| Infection | 38 | 35 | 7 | 15 | 66% |
| Progression of Disease | 26 | 41 | 8 | 25 | 50% |
| Complication | 8 | 51 | 25 | 27 | 63% |



Kaylyn Pogson, MA¹, Kamil Nurczyk, MD², Lori Chrisco, RN, MSN², Rabia Nizamani, MD², Samuel Jones, MD, FACS², Bruce A. Cairns, MD, FACS², Felicia N. Williams, MD, FACS²

¹University of North Carolina School of Medicine, ²North Carolina Jaycee Burn Center, Department of Surgery, University of North Carolina School of Medicine