**BACKGROUND**

- Acute alcohol withdrawal is commonly encountered in the hospital setting and carries high risk for morbidity and mortality.
- The current standard of care favors symptom triggered therapy using an assessment scoring system (CIWA is the most common).
- In 2014 a pilot was implemented at Unity Hospital (part of Allina Health, MN) with the intent of systematizing treatment of alcohol withdrawal.
- The MINDS assessment tool is used to score acute alcohol withdrawal, which treatment using diazepam.
- By direct comparison, MINDS assessment includes fewer screening domains than CIWA and less subjective variation.
- By 2016 all Allina hospitals had implemented the use of MINDS protocol for patients presenting with alcohol withdrawal symptoms.
- This study aims to address whether implementation of the MINDS protocol for diagnosis and treatment of acute alcohol withdrawal results in a meaningful, measurable improvement in patient outcomes.

**HYPOTHESIS**

Hospital patients who were treated for alcohol withdrawal after the implementation of the MINDS protocol experienced better outcomes compared to patients who were treated for alcohol withdrawal before the implementation of the MINDS protocol.

**OUTCOMES**

**Primary outcome**
- Hospital length of stay (LOS) and mortality

**Secondary outcomes**
- Readmissions (ED or all-cause readmission within 30 days)
- Calendar days receiving benzodiazepines and total dose administered
- Number of ICU stays
- Number of Green alerts, restraints used, and 1:1 attendant use

**METHODS**

- Data collected from patients who have been treated for alcohol withdrawal at Allina Health hospitals both before and after implementation of MINDS protocol, between January 2013 and December 2017.
- Based on existing data, an estimated 25,000 patients will contribute data.

**RESULTS / CONCLUSIONS**

- Review of patient data pre-implementation, 03/01/2013 - 01/26/2014, and post implementation, 03/10/2014 - 11/05/2014, of the MINDS protocol at Unity Hospital demonstrated a pre-MINDS LOS of 113.05 hours/4.71 days, and a post-MINDS LOS of 76.5 hours/3.2 days.
- The average total diazepam equivalents administered pre-MINDS was 102.4 mg, and post-MINDS 87.3 mg.
- Preliminary data suggests use of the MINDS alcohol withdrawal protocol reduced hospital LOS and benzodiazepine total dose administered.