



Project Name

De-prescribing Proton Pump Inhibitor (PPI) at the time of discharge from the Department of Medicine Clinical Teaching Unit (CTU) Service.

Site

Jeddah

Department

Department of Medicine

Project Status

Completed

Project Start Date

04-22-2018

Project End Date

09-22-2018

Problem: Why the project was needed?

Many patients admitted to the Department of Medicine CTU Service are on PPIs. These are usually prescribed for a good reason, however at the time of admission the duration may be longer than recommended. By proactively identifying patients taking PPI longer than 8 weeks, we were able to reduce PPI overuse. Based on best evidence practice “New Guidelines for De-prescribing Proton Pump Inhibitors” and the Canadian Association of Gastroenterology, Choosing Wisely Canada recommendation #1. The evidence-based recommendations incorporate data from key clinical studies and focus on out comes that are important to patients, including the harms and benefit s of de-prescribing PPI.

Based on recent studies, side effect s of long-term use of PPI include:

- Enteric infections (C. difficile, Campylobacter, Salmonella)
- Fractures
- Pneumonia (hospital or community acquired)
- Spontaneous Bacterial Peritonitis in cirrhosis patients
- Hypomagnesemia
- Acute Interstitial Nephritis
- Vitamin B 12 deficiency.

We included all patient s admitted under the Department of Medicine Clinical Teaching Unit (CTU) service on a PPI at the time of discharge.

Benefits/Impact: What is the improvement outcome?

- Contained or reduced costs
- Improved productivity
- Improved work process
- Improved cycle time
- Increased customer satisfaction
- Other (please explain)
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Aims: What will the project achieve?

1. The goal was to achieve consensus among all physicians regarding appropriate indications for long term PPI use, and to de-prescribe PPIs when no longer indicated at the time of discharge.
2. Standardize PPI prescribing and de-prescribing practice.
3. Promote shared decision making between physicians and patients
4. Introduce the concept of medication de-prescribing to trainees.
5. Decrease the percentage of active eligible patient s (lacking indication for ongoing PPI use), with current prescription for PPI of duration > 8 weeks from 87% baseline data to less than 50%

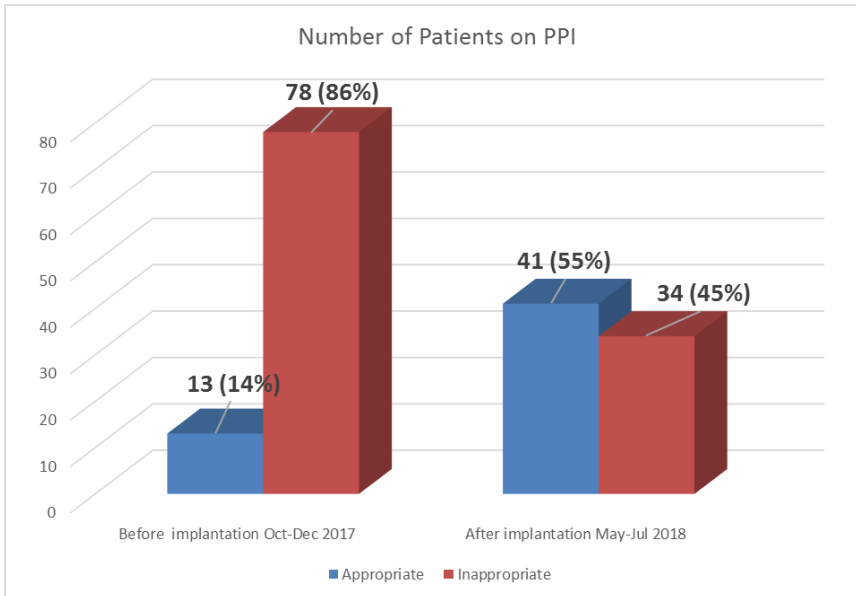
Quality Domain: Which of the domains of healthcare quality does this project support?

Efficient

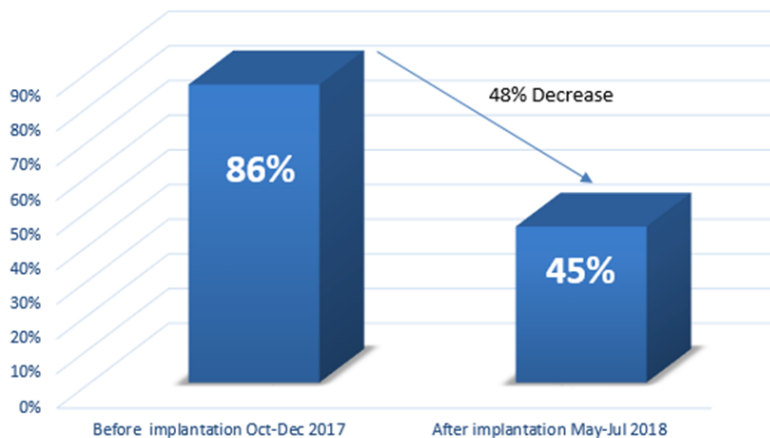
Interventions: Overview of key steps/work completed

- Staff education regarding evidence-based recommendations on de-prescribing in general, and PPI specifically in the form of a lecture and handout.
- During daily Multi-disciplinary rounds with Pharmacy and Nursing, eligible patients were identified.
- Patients were counseled and engaged in shared decision making at the time of de-prescribing upon discharge.
- Audits were performed, and feedback was provided to the medical teams on a regular basis

Results:



Percentage of Inappropriate use of Proton Pump Inhibitors (PPI)



Project Lead

Name

Lina Bissar

Team Members

Names

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