PPI Deprescribing: Ascension

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Nashville, TN, USA

#deRx2018

Session resources will be available at deprescribing.org/resources
Learning Objectives

• Describe the necessary support structure for a deprescribing initiative
• Identify strategies for successful implementation of a deprescribing initiative
• Explain the key learning points in the implementation process
Deprescribing Initiative: Process Map

1. Determine team leaders and stakeholders
2. Define AIM statement
3. Create Driver Diagram
4. Identify Intervention Strategies
5. Measure Outcomes
Ascension PPI Deprescribing: Key System Stakeholders

David Pryor, MD
Executive Vice President
Chief Clinical Officer, Ascension

John Pirolo, MD
Senior Vice President
Chief Medical Information Officer, Ascension

Local Stakeholders engaged for each site:

- Physician Champion
- Pharmacist Champion
- Informatics Champion
### Ascension PPI Deprescribing: Team Leaders

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title/Position</th>
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<tr>
<td><strong>Day-to-Day Leader</strong></td>
<td>Patrick Leinauer, PMP</td>
<td>Program Manager</td>
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<td><strong>Senior Leader/Sponsor</strong></td>
<td>Ann Hendrich, PhD, RN, FAAN</td>
<td>Senior Vice President of Quality and Safety Executive Director of the Ascension Health Patient Safety Organization (PSO) Chief Nursing Officer</td>
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<td><strong>Clinical Champion(s)</strong></td>
<td>Karen Smethers, PharmD</td>
<td>Director, Clinical Services</td>
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<td>Kevin Grady, MD</td>
<td>Chief Medical Officer St John Providence Medical Center</td>
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<td>Said Soubra, MD</td>
<td>Chief Medical Officer Seton Medical Center, Williamson</td>
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<td>Gregory James, MD</td>
<td>Chief Clinical Officer Saint Thomas Health</td>
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<tr>
<td><strong>Informatics Team Lead</strong></td>
<td>Dan Leffler, DPh, MS</td>
<td>Senior Director, Pharmacy Information Systems</td>
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<td>On Site Leaders</td>
<td>Leanne Phillips</td>
<td>Clinical Pharmacy Coordinator, St. Vincent’s East, Ascension</td>
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<tr>
<td>Tamara Knight</td>
<td>PharmD, BCPS</td>
<td>Network Clinical Pharmacy Specialist – Internal Medicine, Seton Healthcare Family</td>
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<tr>
<td>DeeDee Hu</td>
<td>PharmD, BCPS</td>
<td>Network Clinical Pharmacy Specialist – Critical Care, Seton Healthcare Family</td>
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<tr>
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“By July 2018, reduce the use of Proton Pump Inhibitors by 50% in adult patients at three Ascension pilot sites.”
PPI Deprescribing: Ascension

Proton Pump Inhibitor Therapy De-Prescribing
In the inpatient health-system setting

St. Thomas West
Nashville, TN

Seton Healthcare Family
Austin, TX

St. Vincent’s East
Birmingham, AL

• Three pilot sites that joined the initiative in June 2017
Ascension PPI Deprescribing: Driver Diagram

By July 2018, reduce the use of Proton Pump Inhibitors by 50% in adult patients at three Ascension pilot sites.

- **Primary Drivers**
  - Evidence based protocols and algorithms for de-RX and weaning
  - Clinician and Patient and family engagement
  - Coaching Calls

- **Secondary Drivers**
  - Identification of people (patients) receiving targeted medication(s)
  - Use of EB algorithm in development of de-prescribing
  - Standard and simplified work aids
  - Team approach (MD, RPh, RN, RN Educators, Informatics specialists)
  - Programming, CDS
  - Identify indication for use for PPI
  - Patient/Family Education
  - Routine Monitoring and Reflection among Teams and Sites
  - Provider Education
  - Review outcomes with unified metrics

- **Change Ideas**
  - Clinical decision support tools on admission transfer and discharge to identify eligible patients
    - Programming of electronic alerts to identify patients through E.H.R. and Sentri7 application, CPOE, RPh on rounds, Med rec vs dic
  - Approach deRx’g as reduce or stop
  - Develop single page algorithm work aids for deRx’g
  - Designate physician and clinical pharmacist as team leaders
  - Use multiprofessional team to develop project and work with families on deRx’g
  - Listen to patients and family to ascertain values and preferences on medications in their life and deRx’g
    - Confirm team’s understanding of deRx’g goals with family and patients
    - Engage front line staff and trusted staff to discuss deRx’g with family and patient
  - Stress safety and advantages of approach to stop and/or de-escalation
    - Use teach back and motivational interviewing techniques
    - Offer safety and key learning points as handouts to support
  - Monitor data routinely together (standardize and compare)
    - Ask and reflect on how the process is going: what is moving along as planned, where are our predictions different from what is emerging; what are we learning; what surprises us? What are uniquely situated constraints to process?
Ascension PPI Deprescribing: Implementation Strategies

- Healthcare Professional Education
  - Indications
  - Criteria for Use
  - Adverse Effects

- Removal of PPI from order sets

- Clinical Decision Support
  - Sentri 7 monitoring
  - Order entry Alert
    - PRN order frequency
• Identification of all PPI orders
  • Intravenous
  • PO
• Requires documentation of medical indication for PPI therapy
Ascension PPI Deprescribing Strategy Timeline

- TX CDS
- TX Edu
- IHI LS3 -- ALL
- Re education -- ALL
- TN Edu
- TN CDS
- TX Edu
- TX CDS
- AL CDS
- IHI LS3 -- ALL
- AL Edu
- Nov-16
- Mar-17
- Jun-17
- Sep-17
- Dec-17
- Apr-18
- Jul-18
Days of Therapy Per 1000 Patient Days – Ascension

Days of Therapy Per 1000 Patient Days

Month

Seton
Saint Thomas
Ascension: Implementation Strategies

• Successes
  • Order Entry Alert
  • Sentri 7 Alert
  • Deprescribing as a culture

• Setbacks
  • PRN PPI indication
  • Pilot sites within a health system
  • Conversion of Electronic Medical Records (Upgrade)
  • Prescriptive habits – perpetual education

• Key Learning Points
  • Identification of key stakeholders and leadership for support and success
  • Consistent measure and communication of current status to maintain engagement
  • Education as a foundation for change

[Deprescribing.org Bruyère Research Institute]