PPI Deprescribing: Ascension

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Saint Thomas West Hospital
Nashville, TN, USA

#deRx2018
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

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<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</td>
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<td>Director of the <em>Ascension Health</em> Patient Safety Organization (PSO)</td>
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<td>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</td>
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<td>St John Providence Medical Center</td>
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<td>Said Soubra, MD</td>
<td>Chief Medical Officer</td>
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<td>Seton Medical Center, Williamson</td>
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<td>Gregory James, MD</td>
<td>Chief Clinical Officer</td>
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<td>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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## Ascension PPI Deprescribing: Team Leaders

| On Site Leaders | Leanne Phillips  
<table>
<thead>
<tr>
<th>PharmD, BCPS</th>
<th>Clinical Pharmacy Coordinator, St. Vincent’s East Ascension</th>
</tr>
</thead>
</table>
| Tamara Knight  
| PharmD, BCPS | Network Clinical Pharmacy Specialist – Internal Medicine, Seton Healthcare Family |
| DeeDee Hu  
| PharmD, BCPS | Network Clinical Pharmacy Specialist – Critical Care, Seton Healthcare Family |
| Tonya Thomas  
| PharmD | Clinical Pharmacist, Saint Thomas West Hospital |
Ascension PPI Deprescribing: AIM Statement

“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
  - Frank discussions of how things are going and what needs improvement
- 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 de Rx’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
Ascension PPI Deprescribing: Sentri 7 Alert

- Identification of all PPI orders
  - Intravenous
  - PO
Ascension PPI Deprescribing: Order Alert

• Requires documentation of medical indication for PPI therapy
Ascension PPI Deprescribing Strategy Timeline

- TN Edu
- AL Edu
- TX CDS
- AL CDS
- TX Edu
- TN CDS
- IHI LS3 -- ALL
- Re education -- ALL

Timeline:
- 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

JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN
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