DePrescribing in Palliative Care: A Quality Improvement Approach at University Hospital Monklands.

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Overview

This project is a joint collaboration between pharmacy and medical staff to improve patient care in the palliative population in the respiratory ward at UHM which involved quality improvement initiatives, baseline data collection and follow up data collection following each initiative.

Background

Polypharmacy is common in older adults and adults with cancer. It is associated with multiple adverse outcomes and harm to patients(1). The Scottish Government has published guidance highlighting key patient groups to target for polypharmacy including adults approaching the end of their life due to any cause(1). In practice, a key finding was that medicines are often only stopped when a patient is actively dying. The OncPal guidance is a validated tool from Australia for use in deprescribing in palliative care(2).

Aim

To promote deprescribing in patients with a malignant prognosis of less than six months that present through the respiratory ward in University Hospital Monklands between October 2022 and January 2023.

Objectives

- To identify the number of, and type of potentially inappropriate medicines (PIMs) that patients take.
- To implement active deprescribing on the ward.
- To measure the impact after implementation of a sticker in medical notes, and assess if there has been a reduction of PIMs.

Methodology

- To develop a data collection sheet to carry out baseline data collection. *(Figure 1)*
- To educate ward staff and create a sticker for use by medical and pharmacy staff to promote deprescribing.
- To liaise with medical and pharmacy staff covering ward 17 to implement deprescribing through use of sticker.
- To carry out follow up data collection post implementation of interventions. *(Figure 2)*

Results

Figure 1: Pre interventions

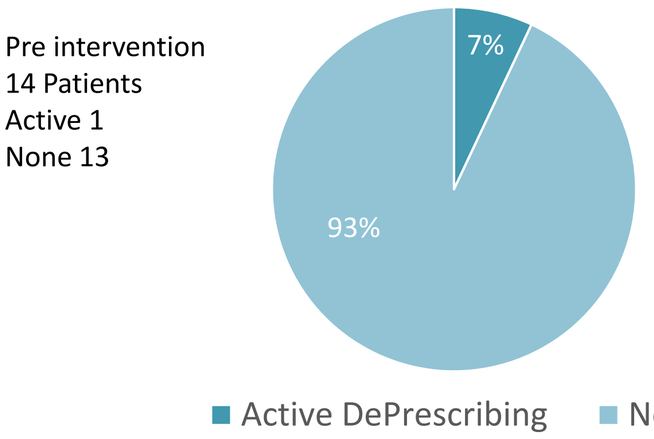
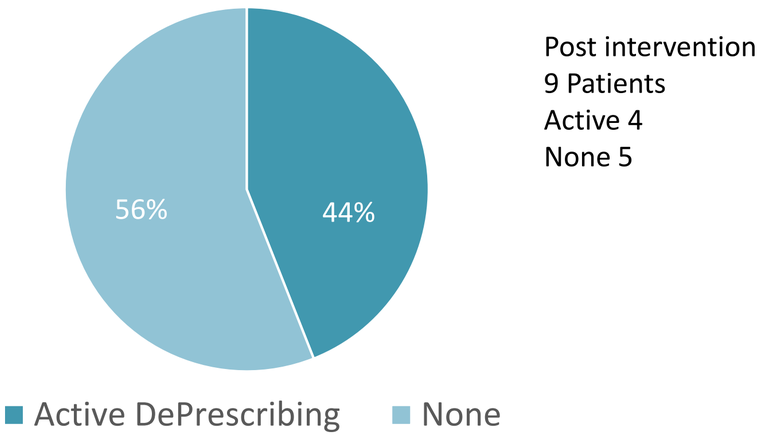


Figure 2: Post interventions



Up on implementation of the interventions, active deprescribing was increased to 44%, up from 7%

The most common PIMs stopped were statins, anti-hypertensives and proton pump inhibitors.

The average number of PIMs per patient was 3.6.

The average age of patients was 74.7 years and ranged from 52 to 84 years old.

Conclusion

The implementation of the sticker had a positive effect by promoting active deprescribing and decreasing medication burden for patients achieving the aim of the project.

The results also indicate that the sticker encouraged deprescribing to occur at an earlier stage in the patients journey which could potentially lead to reduced medication burden for patients, reducing inappropriate polpyharmacy by reducing the number of PIMs. The reduction in PIMs has the potential to increase the patients quality of life in their last months by reducing pill burden, the risk of adverse drug events and increasing compliance with essential medicines. These interventions also have potential financial savings to the health service by reducing spend on PIMs and costs due to admissions as a result of adverse drug events.

A rational approach to the deprescribing in end of life and advanced cancer care is required and these interventions have the potential to do this.

Limitations

Project was only trialled on one ward with a short data collection period.

Project only included patients who presented to hospital.

Required active input from staff and consultants on ward round to action sticker.

Time challenges and pressure on wards.

Limited continuity of staff on ward due to changing rotations, meaning staff may not be familiar with sticker.

Lack of clarity over decision making in deprescribing.

Next Steps

Expand work to multiple wards in UHM with longer periods of data collection using clinical pharmacists, palliative nurse specialists and junior doctors to create, encourage and promote a culture of safe deprescribing.

Already been trialled in University Hospital Hairmyres.

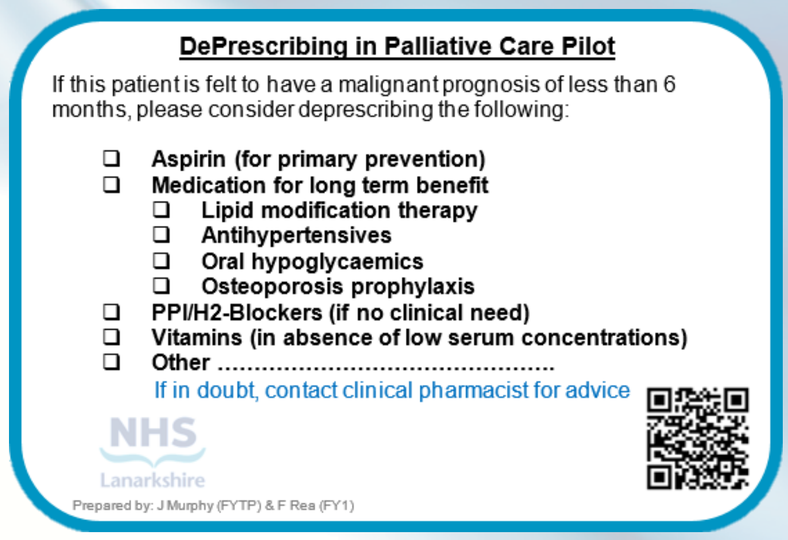
There is potential to expand work to primary care settings where pharmacists and GPs could action.

Figure 3: The adapted OncPal Guidance

Class of drug	Examples	Scenarios of limited benefit
Antiplatelet	Aspirin	Primary prevention
Lipid modification	Statins, Fibrates, Ezetimibe	All indications
Antihypertensives	ACEi, ARB, Beta blocker, CCB, Thiazide & Diuretics	Mild-moderate hypertension, secondary prevention of cardiovascular events
Gastroprotection	PPI & H2 Blocker	All indications unless recent history of gastrointestinal bleeding, peptic ulcer, gastritis, GORD, or the concomitant use of an NSAID and/or steroids
Oral hypoglycaemics	Metformin, GLP-1a, Sulfonylureas, DPP-4i, Thiazolidinediones	Mild hyperglycaemia (prevention of complications)
Osteoporosis prophylaxis	Bisphosphonates, Raloxifene, Strontium & Denosumab	All indications, except hypercalcaemia
Vitamin & Minerals	Colecalciferol, Thiamine etc.	All except treatment of low serum concentrations
Complementary therapies	n/a	All indications

Adapted from Lindsay J, Dooley M, Martin J *et al*. The development and evaluation of an oncological palliative care deprescribing guideline: the 'OncPal deprescribing guideline'. *Support Care Cancer* 2015; 23:71–8 for use in NHS Lanarkshire pilot project.
ACEi = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; CCB = Calcium channel blocker; PPI = Protein pump inhibitor; H2 Blocker = Histamine 2 blocker; DPP-4i = dipeptidyl peptidase-4 inhibitor; GLP-1 = glucagon-like peptide-1 analogue; SGLT2i = sodium glucose cotransporter 2 inhibitor; GORD = gastro-oesophageal reflux disease; NSAID = nonsteroidal anti-inflammatory drug; n/a = not applicable.

Figure 4: Sticker used in project



(1) Scottish Government Polypharmacy Model of Care Group. Polypharmacy Guidance, Realistic Prescribing 3 rd Edition, 2018. Scottish Government
(2) Deprescribing in palliative care Jo Thompson Clinical Medicine Jul 2019, 19 (4) 311-314; DOI: 10.7861/clinmedicine.19-4-311

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