Reducing Statin Use Amongst Elderly Long Term Care Facility Patients

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Background

For the vast majority of patients' admission to long term care (LTC) it is with a focus for comfort and safety, usually at an advanced age and after a prolonged battle with health issues and/or general decline in ability to self-care. Many patients, when transferring to a care facility, take with them a number of medications that have long since served their purpose to extend and promote quality of life. These medications carry with them negative attributes, such as side effects, compliance and dispensing challenges, and cost, hence polypharmacy is a considerable issue in the advanced elderly.

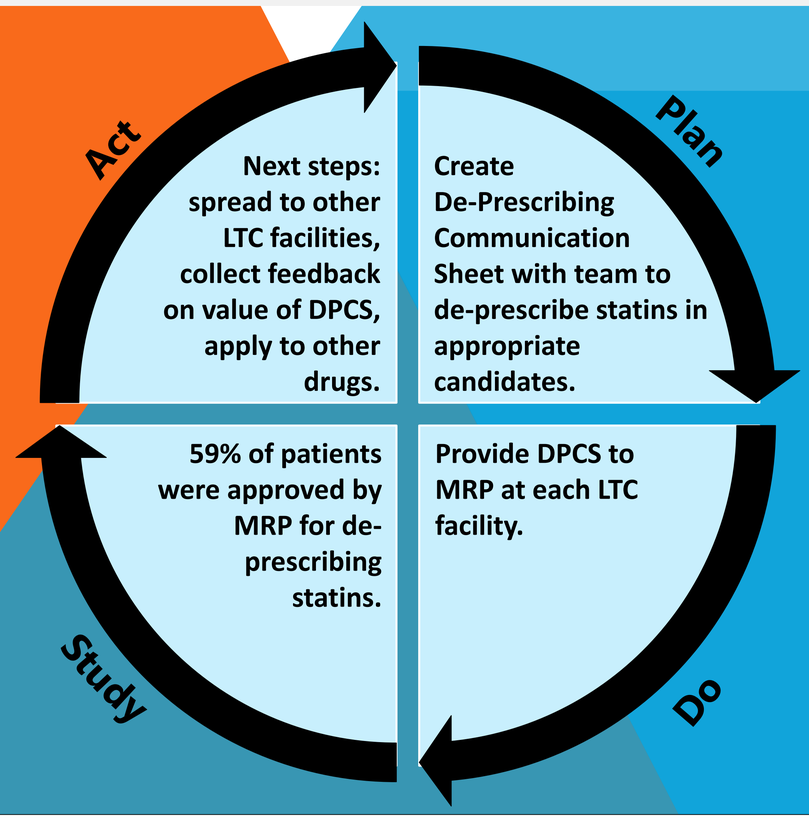
Evidence strongly suggest that the use of HMG-CoA reductase inhibitors (statins) in the advanced elderly is limited at best in the reduction of cardiovascular pathology and is associated with a side effect profile in addition to other factors, that significantly limit the benefit of use in older age.

Aim

The goal is to reduce HMG-CoA reductase inhibitor (e.g: Lipitor, Crestor, otherwise known as statins) use amongst frail elderly residing in 3 long term care facilities in White Rock, B.C. by 25%.

Project Design and Strategy

The first change idea included the creation of a De-Prescribing Communication Sheet (DPCS) that informed/asked the Most Responsible Physician (MRP) if they are agreeable to stopping this medication. Site pharmacists were recruited to identify which patients in facility 75 years and older were on statins. The patient's chart was then reviewed confidentially on whether he/she was an appropriate candidate (excluding those patients not of advanced age, or recent history of acute coronary or cerebral event). A list of appropriate candidates were then sent to the MRP along with the DPCS to ultimately decide which patient scan have the statin discontinued.

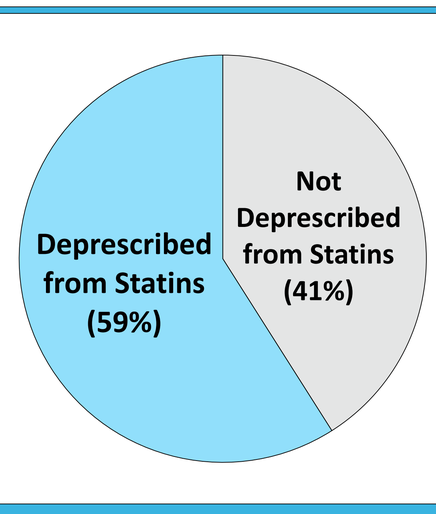


PDSA Cycle 1: Creating DPCS for 3 LTC facilities in White Rock, B.C.

Results

By the use of a simple communication sheet, the use of non-essential medications amongst the frail elderly residing in long term care was reduced. The goal of cutting down at least 25% of patients using statins was far surpassed when 59% of patients were approved by their MRPs to be taken off the medication. As a result, the use of DPCS proved to be successful in effectively reducing the unnecessary use of statins in elderly LTC patients.

Patients Statin Use After DPCS



Lessons Learned

This project showed that it is crucial to be mindful of the many stakeholders involved in patient's care. Buy-in from pharmacy, physicians, and other members of the care team were necessary to ensure involvement in reducing statin use in LTC patients.

Future Plans

Future PDSA cycles will include extrapolating the change idea to other care facilities in the Lower Mainland. In an effort to decrease polypharmacy in older adults, long term goals of this project include broadening the list of medications for de-prescribing to include H2 antihistamines, proton pump inhibitors, and antipsychotics.

Team

This project took place within four participating, local, community LTC facilities, who serve approximately 400 patients. Instrumental in this endeavor was the participation of site Pharmacists as well as patient family physicians, or MRP's (most responsible physicians).
Our QI project takes place in a community hospital and is made up of a multidisciplinary team including:

1. Project Lead – Dr. Martin Lebl
2. Medical Sponsor – Dr. Gerry Roberts
3. Administrative Sponsor – Dr. Peter Barnsdale
4. PQI Coach – Dr. Raj Johal
5. Clinical Pharmacy Specialist – Carolyn Bubbar
6. Volunteer Physician Support – Christine Vergara
7. PQI Team – Jennifer Atchison, Janice Eng, Bev Saumer

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