Background
Prevalence rates of Benzodiazepines and Sedative hypnotics
• 32% of adults >65 years old are prescribed Benzodiazepines
• 59% of adults >65 years old with psychiatric disorders are prescribed Benzodiazepines
• 25% of newly prescribed Benzodiazepines are continued 90 days after discharge from the hospital
Routine prescribing of Benzodiazepine and sedative hypnotics in older adults as first line for sleep has contributed to:
• Prolonged hospital stay
• Increased fall rates
• Increased development of delirium
• Increased use of patient safety sitters

Objectives
• Decrease prescribing of Benzodiazepines and sedative hypnotics by 5% within 90 days of project initiation
• Increase the prescribing of Melatonin as the first line for sleep

Methods
• Quality improvement Project
• Pre and post test survey design
• Retrospective comparison of Benzodiazepines and Sedative hypnotics prescribing patterns
• Retrospective comparison of Melatonin prescribing patterns

Intervention
• Educational in-services for advanced practice providers, residents and nursing staff with focus on:
  a) the adverse effects of benzodiazepine use amongst older adults
  b) Choosing wisely guidelines
  c) use of melatonin as a first line medication for sleep
  d) non pharmacologic measures of sleep promotion.
• Continuous transparent prescribing monitoring of providers, coupled with further education for specific providers as deemed necessary.

Measures & Analysis
• Total # of patients prescribed Benzodiazepines and Sedative hypnotics monthly in the pre vs post implementation phase
• Total # of patients prescribed Melatonin in the pre vs post implementation phase
• Rate of delirium on the unit measured by # of patient safety sitter hours utilized

Data Analysis
• Descriptive analysis and statistical analysis of the two data sets to monitor the impact of the intervention

Results
• 33% decreasing in prescribing of Benzodiazepine/sedative hypnotics
• 12% increase in prescribing of Melatonin
• 28% decrease in the use of patient safety sitter

Next steps
Replication of this project on a different unit for a prolonged period with the initiation of a revised order-set that would replace benzodiazepine with melatonin using an electronic order set

Results

Implications
• Educational intervention can be effective in changing prescribing practices amongst providers
• Similar approach could effectively change prescribers’ behavior over a periodpractice.

References or QR Code

Conclusion
Provider education and nursing education, coupled with transparent monitoring of prescribing practices, decreased the prescription of benzodiazepines and sedative-hypnotics.