Decreasing the use of Benzodiazepines and Sedative Hypnotics in post operative older adults

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Background

Prevalence rates of Benzodiazepines and Sedative hypnotics
•32% of adults >65years old are prescribed Benzodiazepines
•59% of adults >65years old with psychiatric disorders are prescribed Benzodiazepines
•25% of newly prescribed Benzodiazepines are continued 90days 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 90days 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

References or Qr Code

Al-Aama, T., Brymer, C., Gutmanis, I., Woolmore-Goodwin, S. M., Esbaugh, J., Dasgupta, M. Melatonin decreases delirium in elderly patients: A randomized, placebo-controlled trial. Int J Geriatr Psychiatry (2011) 26(7):687–94.10.1002/gps.258
Najjar, M., Sulaiman, S. A., Aljeraisy, M., & Balubaid, H. (2018). The impact of a combined intervention program: An educational and clinical pharmacist's intervention to improve prescribing pattern in hospitalized

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

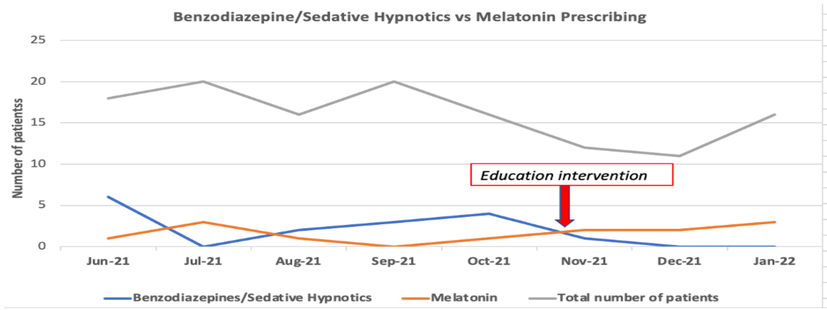
Results

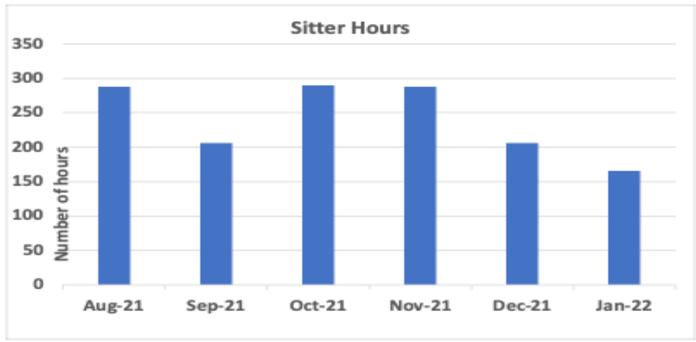
•33% decreasing in prescribing of Benzodiazepine/sedative hypnotics
•12% increase in prescribing of Melatonin
•28% decrease in the use of patient safety sitter

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. (

Conclusion

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