

## INTRODUCTION

### Background:

Polypharmacy is an increasingly prevalent problem; approximately 66% of Canadian seniors have been prescribed five or more drug classes.[1]

Inappropriate prescription of medication can lead to adverse outcomes involving patient nonadherence, drug interactions, drug reactions and prescribing cascades. [2]

The Institute for Safe Medication Practices Canada (ISMP) refers to deprescribing as a method to address polypharmacy. [3]

A survey conducted at the Royal Alexandra Hospital (in 2022), more than half of the respondents (general internal medicine (GIM) physicians) indicated hospitalized patients would benefit from deprescribing.

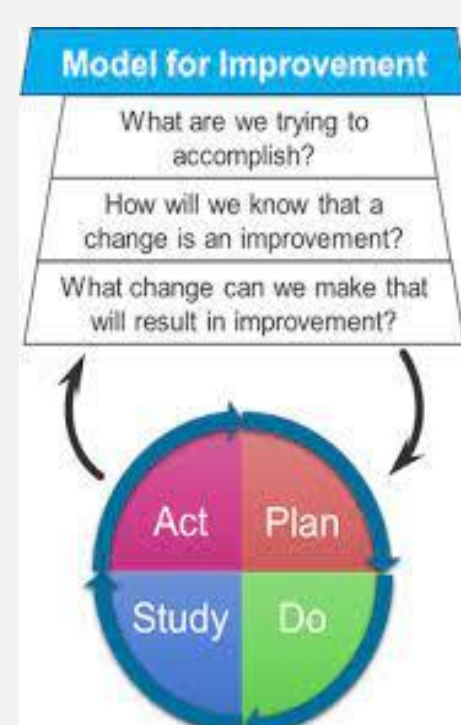
➤ **A deprescribing clinic staffed by GIM physicians and pharmacists was established in July 2023 and trialed for 6 months.**

## METHODS

### Deprescribing Clinic:

- Applied guidelines from Alberta Health Services and other national deprescribing initiatives to support reducing polypharmacy and patient medication burden. Developed a clinic patient selection criteria.
- A hybrid model with in-person and virtual appointments.
- Located in the Outpatient Department at Royal Alexandra Hospital.
- Pharmacists and GIM physicians made referrals through the hospital electronic medical record-Connecting Care.

### Approach:



Berwick, 1996

- Used the Model for Improvement with Plan-Do-Study-Act (PDSA) cycles, process mapping and multidisciplinary team meetings.
- Patients from the Royal Alexandra Hospital (GIM units), who met the deprescribing clinic criteria were referred.
- GIM physicians staffed the clinic and were responsible for triaging and determining the appropriateness of referrals weekly.
- Patient were offered a maximum of three (3) appointments and were then supported by their family physician.
- Two PDSA cycles were completed to improve and address patient recruitment and were evaluated to understand the barriers to clinic referral.



➤ A survey was developed and distributed to GIM physicians and pharmacists to assess their awareness of and barriers to referring patients to the deprescribing clinic. Data were analyzed using descriptive statistics.

## RESULTS

### PDSA#1:

- In-person clinic appointments were offered only
- Medication focus was to deprescribe proton pump inhibitor
- 2 patients were referred, and 1 patient attended the clinic appointment.



### PDSA#2:

- Virtual appointments were offered in addition to in-person
- Deprescribing medications expanded to all medications except opioids, antipsychotics, and benzodiazepines.
- One patient was referred but declined appointment.

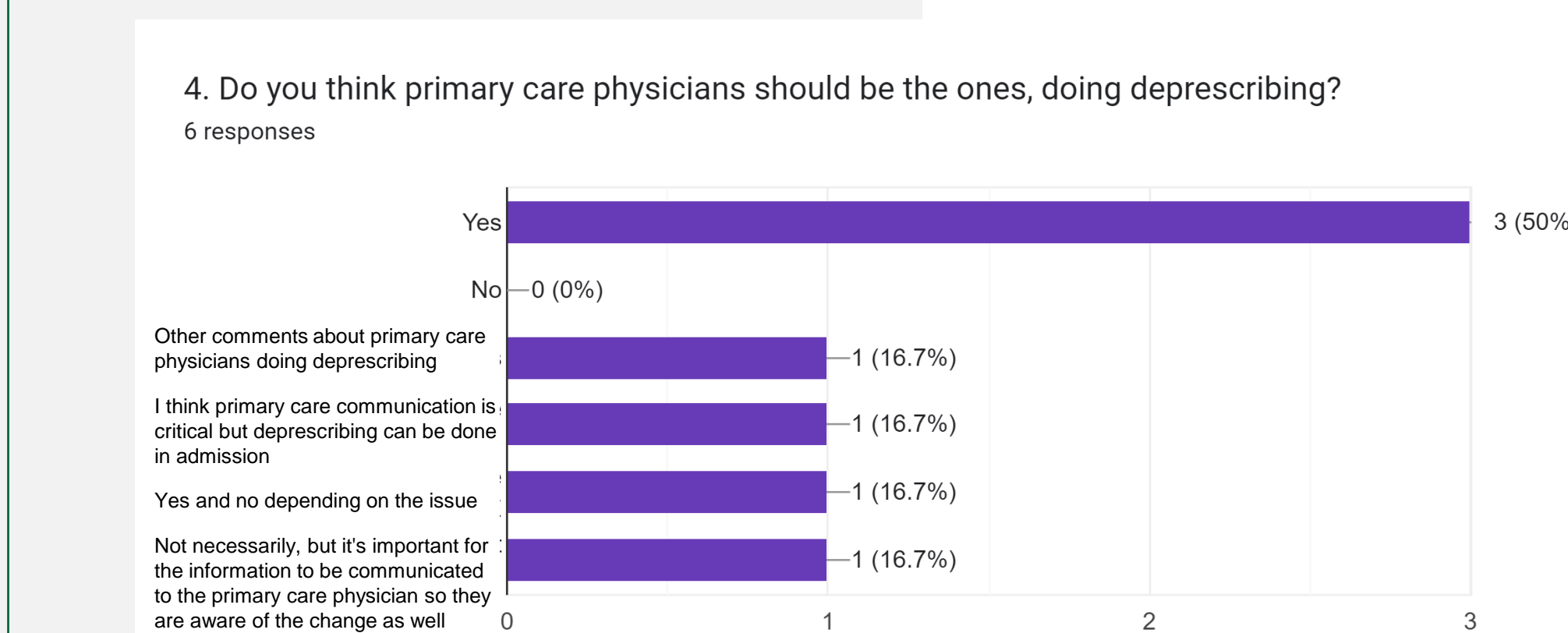
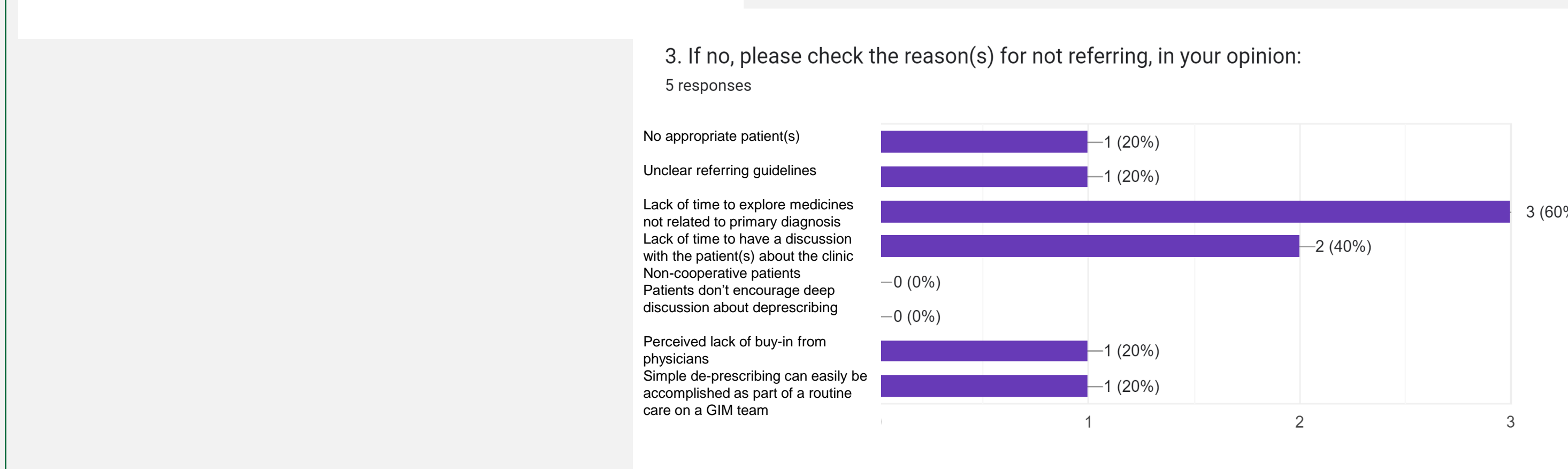
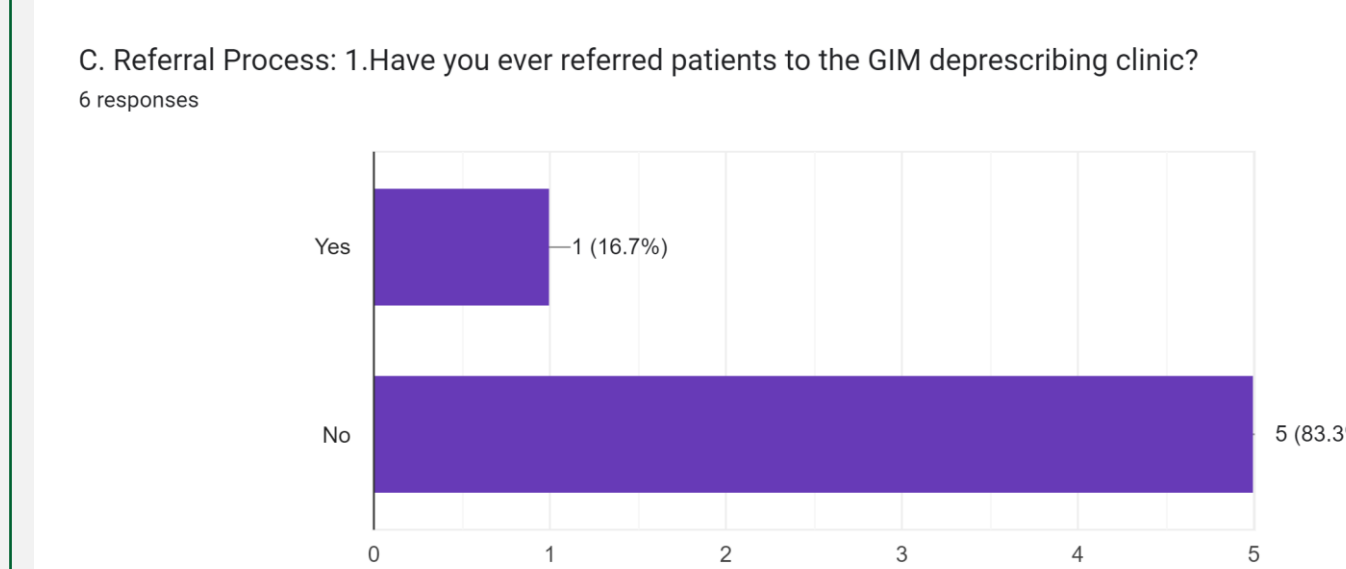


### Survey Results:

Barriers to referring to the clinic:

N=6 responses [Note: limitation was a low response rate]

- 60% of clinicians cited a lack of time to investigate medicines unrelated to the primary diagnosis
- 50% believing that the primary care physicians should be supporting deprescribing.
- The following were the identified barriers from the survey:
  - Lack of time to explore medicines not related to primary diagnosis.
  - Lack of time to have a discussion with the patient(s) about the clinic.
  - Perceived lack of buy-in from physicians.
  - Unclear referring guidelines.
  - Challenging to initiate deprescribing during the brief (i.e., 6 days length of stay) time most patients reside in the hospital.

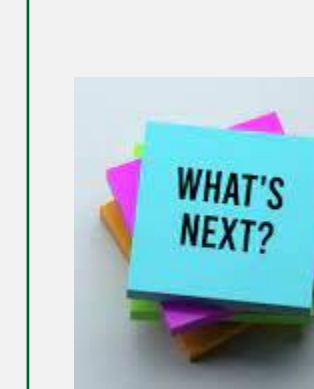


## LESSONS LEARNED

- Hospitalized patients may not be a good fit to be referred to a deprescribing clinic due to the brief length of time in hospital.
- Physician and patients clinical focus is the acute patient illness not deprescribing medications.
- Hospital pace and clinical processes does not allow for the detailed discussion between physicians, pharmacists and patients regarding deprescribing.

## NEXT STEPS/CONCLUSION

- It is difficult to deprescribe medications in a hospital setting and requires a multidisciplinary approach that extends into the community.



Next steps, investigate communication improvements between hospital and community physicians, as well as pharmacy, when medications are identified for deprescribing during the hospital stay.

## REFERENCES

- Canadian Institute for Health Information. Drug Use Among Seniors in Canada, 2016. Ottawa, ON: CIHI; 2018. <https://www.cihi.ca/sites/default/files/document/drug-use-among-seniors-2016-enweb.pdf>
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