

Standing Up for Our Patients to Prevent Falls

Continuing to Monitor Inpatient Benzodiazepine Use

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BACKGROUND

- Falls during hospital admissions are multifactorial, however sedating medicines such as benzodiazepines are often implicated.¹⁻³
- The benefits of benzodiazepines are limited to short term use (2-4 weeks).¹⁻³ Despite their risks and limited benefits, benzodiazepines continue to be prescribed during admission.
- Within the hospital setting, benzodiazepines are prescribed for the treatment of various conditions including:

Insomnia | Anxiety | Agitation | Alcohol Withdrawal Syndrome | Status Epilepticus | Pre Procedural | Behavioural and Psychological Symptoms of Dementia

- This investigation focused on benzodiazepine use for assisting sleep.
- The 2016-2017 "Fallazepam Audit" conducted at the Launceston General Hospital (LGH) aimed to understand the use of benzodiazepines in High Falls Risk patients. As a result, the THS Formulary listing was changed to direct the prescribing of benzodiazepines in the inpatient setting and support junior doctors in their decision making.

"Prescribing benzodiazepines for anxiety, agitation and insomnia in High Falls Risk patients, should only be a short-term measure during a crisis where symptoms are severe and disabling or causing the patient unacceptable distress"
- THS Formulary

AIM

- To understand benzodiazepine prescribing trends within the LGH.
- To develop and implement interventions to improve the use of benzodiazepines in sleep, and thus prevent medication related falls.

METHOD

- A cross-sectional (observational) audit of inpatient charts was conducted in response to recent root cause analysis of falls within the hospital.
- The audit tool was adapted from the 2016 – 2017 "Fallazepam Audit".
- All patients admitted overnight were reviewed excluding those admitted to the mental health, obstetrics, gynaecology and paediatric wards.
- Of patients prescribed a benzodiazepine, those indicated for alcohol and opioid withdrawal, prior to a procedure or under the direction of palliative care were excluded from further investigation.
- The medical progress notes for each patient prescribed a benzodiazepine were reviewed to determine the indication of therapy, identify prescribing patterns and to notice the existence of documentation.

INTERVENTIONS

- Quantitative and qualitative results were presented at various in-services. At each session, feedback was sought from the audience on how we can work together as a multidisciplinary team to reduce the incidence of benzodiazepine related falls.
- The same instructional video developed and provided to staff in 2017 was shown at the beginning of each presentation to set the scene and provide nursing staff with alternatives to requesting "sleeping tablets" for their patients.
- Twenty-four Medical interns attended a short interactive session to understand their experiences with benzodiazepine prescribing and garner ideas to continue to improve patient safety.
- Pharmacists and pharmacy technicians were provided with education which included the suggestions from medical and nursing staff.

RESULTS

2017

Since 2017, there has been a slight reduction in the number of benzodiazepine orders

VS

The most notable area of change, has been the improvement of documentation and conversations with patients on risk versus benefits

2023

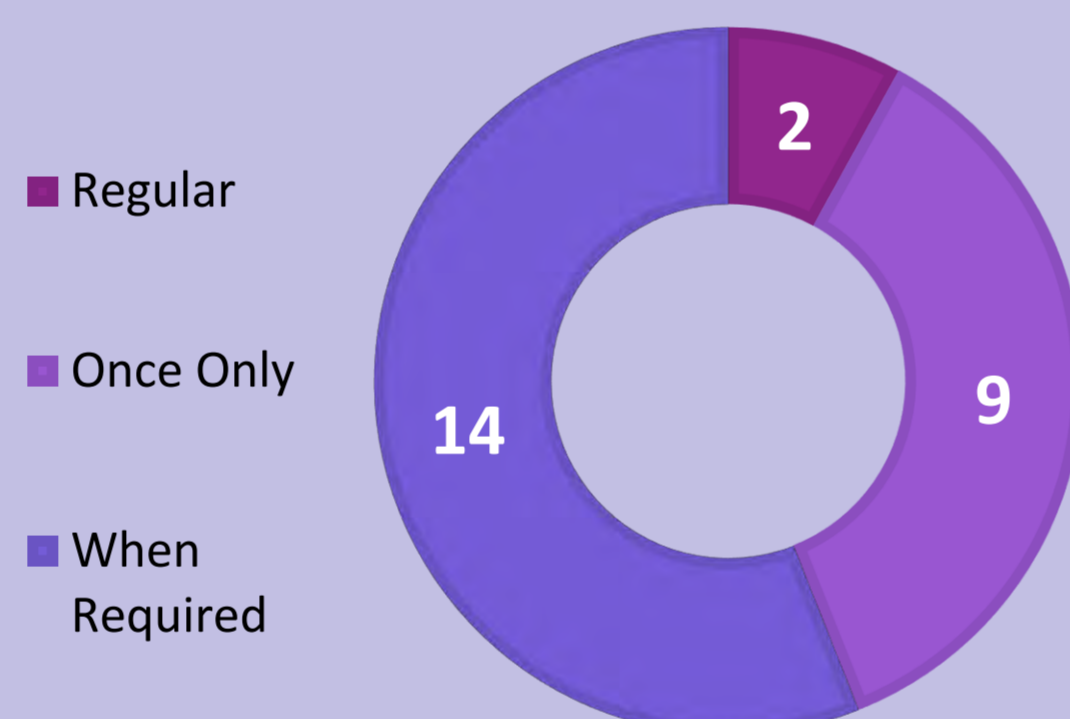
Nursing Suggestions

- Stamps
- Annotating high risk medicines
- Day Team to prescribe evening STAT orders
- Improving nursing documentation
- Considering alternatives first
- Patient education (e.g. pamphlets)

Medical Suggestions

- Flow chart for nursing staff to follow

Number of Newly Prescribed Benzodiazepines according to Frequency



13%

Of patients (n=42 of 325) were prescribed a benzodiazepine for sleep or anxiety

6% (n=21)

Of patients were initiated on a benzodiazepine, and

0.6%

Of patients (n= 2 of 325) were newly prescribed a benzodiazepine which was prescribed on discharge

6% (n=21)

were prescribed as part of their regular medications

Example Documentation

Old ongoing insomnia due to neighbouring patient
Requesting for temozepam/sleeping tablets
Discussed risks of sleeping tablets such as Temozepam => falls.
Pt agreeable to trial non-pharmacological methods first.

No sleep o/n due to other patient. Requested sleeping pill. We have arranged t/f to different room...
will only take temozepam as a once off tonight if absolutely required.
Non-give temozepam as a last resort only please & for t/f to commode/bottle o/n if remains toilet didn't tolerate promethazine.

DISCUSSION

- It is difficult to compare the data between the 2017 and the 2023 audit, due to differing methods of data collection and analysis.
- However, it does appear the rate of benzodiazepine prescribing has had only a slight reduction.
- It is interesting to note the difference in prescribing practices, with improved documentation and review of patients prior to prescribing.
- The improvement of documentation was outstanding, with clear documentation by medical staff of consideration of the risks and benefits, often explained to the patient, of taking a benzodiazepine to aid in sleep.
- Improved review of patients prior to prescribing was also demonstrated in the absence of phone orders identified in the recent audit, and confirmation of

current practice by medical interns who suggested they would always review the patient prior to prescribing (often finding no need for medication to aid with sleep).

- These changes are a major initiative occurring to improve patient safety and to reduce the chance of falls.
- The multidisciplinary education sessions undertaken as part of the interventions provided insight into the different approaches for promoting sleep in hospital.
- It is clear a multidisciplinary approach is needed to improve benzodiazepine prescribing and to prevent falls.
- Pharmacists have an important role in identifying high falls risk medicines and discussing strategies for insomnia, with nursing and medical staff.
- The suggestions offered by nursing and medical staff will be implemented and benzodiazepines will continue to be a topic for audit and review.

REFERENCES

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