

TO BLEED OR NOT TO BLEED: PROTON PUMP INHIBITOR PRESCRIBING IN TRIPLE THERAPY TO REDUCE HOSPITAL-ACQUIRED GASTROINTESTINAL BLEEDS

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BACKGROUND

Antithrombotic therapies have served as therapeutic agents in the management of many cardiovascular conditions. One of the most common clinical scenarios requiring the use of triple therapy (anticoagulant + dual antiplatelet therapy) is the occurrence of AF in patients undergoing PCI.

Patients on triple therapy have the risk of a major gastrointestinal bleeding (GIB) to be 2.2.% at one month, increasing to as much as 12% in one year. It is therefore prudent to ensure all patients on triple therapy are to be prescribed proton pump inhibitors (PPI) .

OBJECTIVE

To decrease the incidence of GIB by 50% within 1-2 months in Cardiology and Coronary Care inpatients by ensuring increased PPI co-prescribing with triple therapy.

METHOD

Cardiology pharmacists generates eMeds Drug Use Report daily to identify inpatients on triple therapy and PPI.

These classes of medications were searched in the report:

- Antiplatelets
- Anticoagulants
- PPIs

The following data was collated:

- Total number of patients on triple therapy
- Total number of patients on triple therapy prescribed PPI
- Compliance % (number of patients on triple therapy with PPI / total number of patients on triple therapy)

- Any patients on triple therapy without a co-prescribed PPI were identified by the pharmacist and flagged with the Cardiology medical teams for review.
- Inservice was also provided at the start of each JMO term rotation which included a presentation on the importance of PPI prophylaxis on triple therapy as per current guidelines.

CONCLUSION

Preliminary results have shown to be promising and it is evident that awareness and proactiveness has increased co-prescribing PPI in triple therapy patients. Evidence of improvement in reducing GIBs in Blacktown Hospital contributed to overall reduced bleeding rates in WSLHD. The main lessons learnt from this project is that education regarding current guidelines to healthcare professionals can have an effective impact on prescribing and health management. Implementing these identified improvements on a wider scale will be achieved through the development of an eMeds prompt when triple therapy is charted. Similarly, having a local or district policy regarding prevention of GIB for patients will streamline our improvement goals within WSLHD.

KEY FINDINGS

It was found that recurrent JMO education was necessary to improve and maintain compliance for prescribing PPI. The overall data following the project implementation demonstrated an increase in compliance rate by more than 50% within 1-2 months.

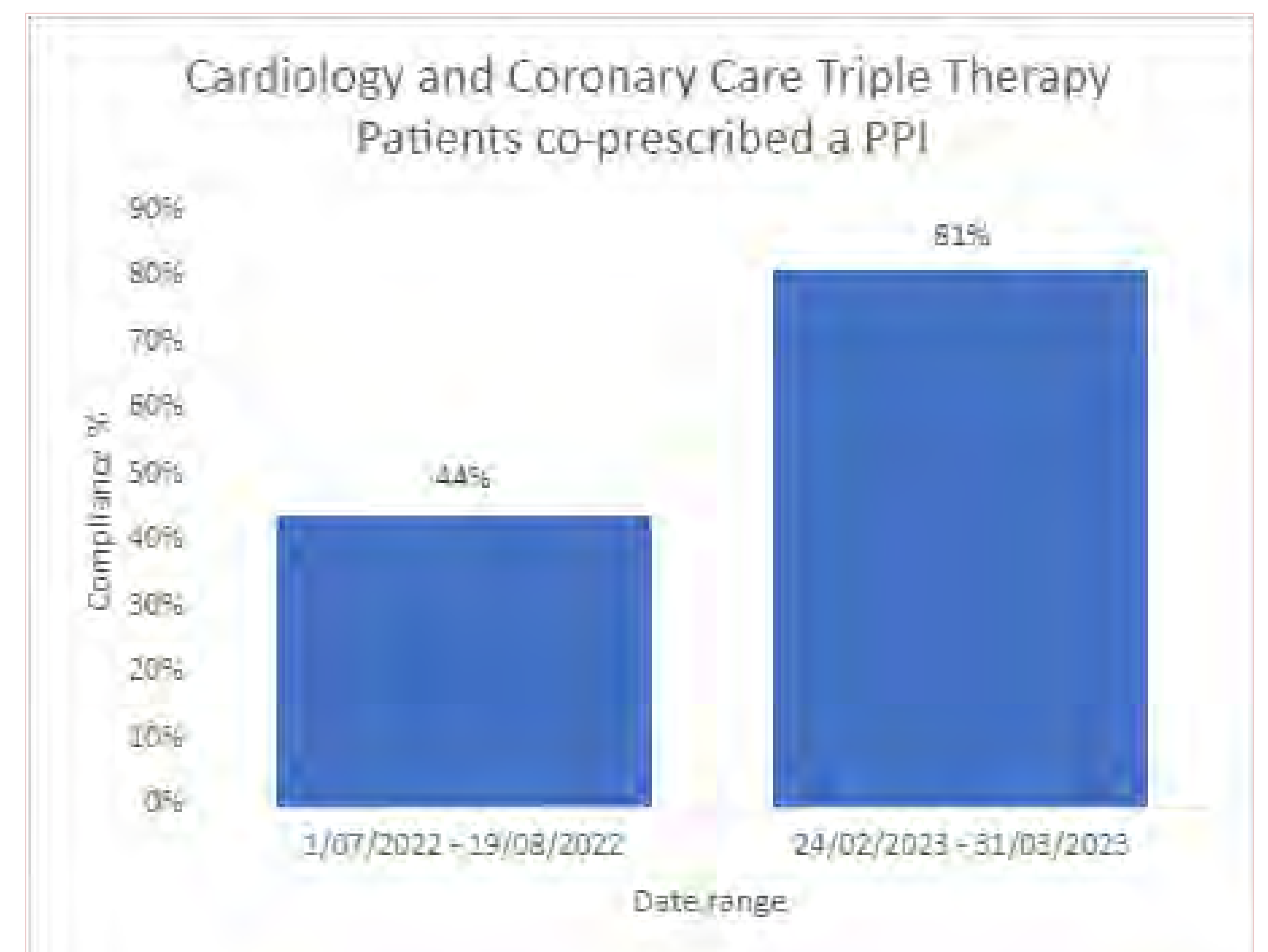


Figure 1- PPI prescribing rate from July to September 2022 in comparison to post-auditing in January to March 2023

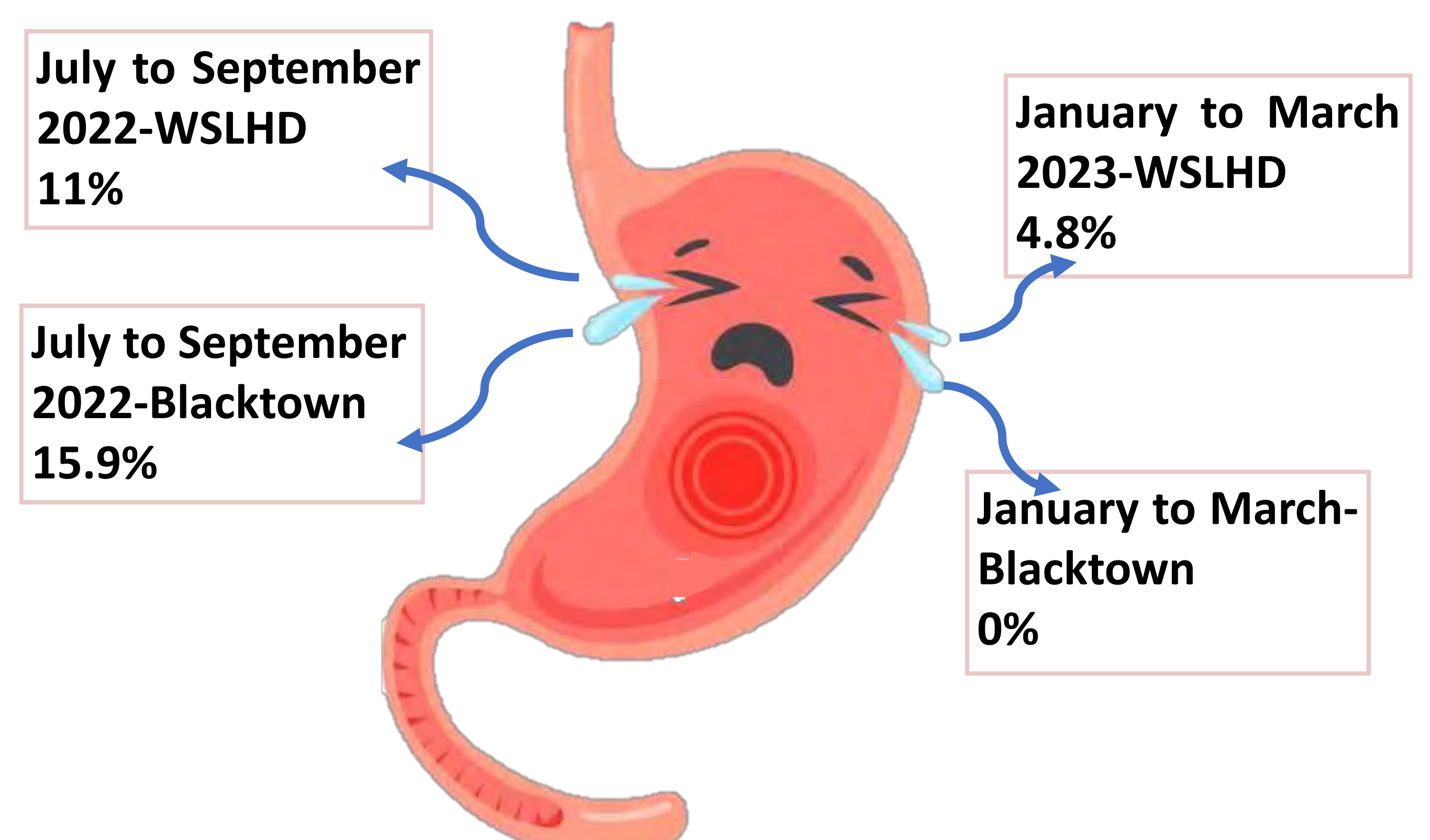


Figure 2 -The Western Sydney Local Health District (WSLHD) Clinical Governance HAC data for hospital-acquired GIB rate from July to September 2022 in comparison to post-auditing in January to March 2023.

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