Aim

To minimize the morbidity associated with anti-psychotics and anti-cholinergics in Fraser Health patients with delirium by 2019

Background

- Part of the larger regional goal to improve delirium care in FHA and aligned with the BC Ministry of Health 2019/20 – 2021/22 Service Plan
- Delirium has been shown to affect approximately 30% of acute medical inpatients, resulting in longer length of hospital stay and earlier admission to nursing homes.
- We wanted to investigate if our larger project reduced the use of these medications

Anti-psychotics
- should only be used when non-pharmacologic treatments are exhausted
- high dose with long duration can cause unwanted harms

Anti-cholinergics
- can precipitate delirium
- commonly prescribed for other purposes
- Anti-cholinergic Cognitive Burden Score (ACB) is a standardized tool to represent the negative impact anti-cholinergics have on cognition
- quetiapine (ACB = 3 = HIGH)

Project Design & Strategy

Drivers

- Always employ non-pharmacologic treatment
- Limit drug use to symptom management
- Recognize delirium resolution

Change Ideas

- A. Use standardized tool
  - A. Discontinue anti-psychotics and anti-cholinergics
  - A. Educate team
  - A. Measure anti-psychotics and anti-cholinergics administered

Measures:
- Pre-admission, Admission and Post-admission prescriptions and discharge disposition

Results

A total of 358 charts were reviewed. Of these:
- For patients on anti-psychotics, 29 were admitted while 65 were discharged on 1 or more agent
- For patients with an ACB score > 0, 56 were admitted while 87 were discharged
- 185 patients had an ACB > 0 during admission
- In all sampled patients throughout their journeys pre-admission, during admission and post-admission, 1236 ACB scores were calculated and 591 were attributable to quetiapine (ACB = 3)

Acknowledgements

FHA PQI, ERH Pharmacy Department, FHA Regional Delirium Steering Committee

References