

National Quality Improvement Conference

Improving the Rates of Medication Deprescribing for Terminally ill Patients admitted under General Medicine

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Problem Statement

Deprescribing refers to the process of reducing or discontinuing medications to optimise treatment outcomes and patient well-being. Deprescribing unnecessary medications can benefit terminally ill patient by reducing financial costs, adverse effects and pill burden as well as improving quality of life.

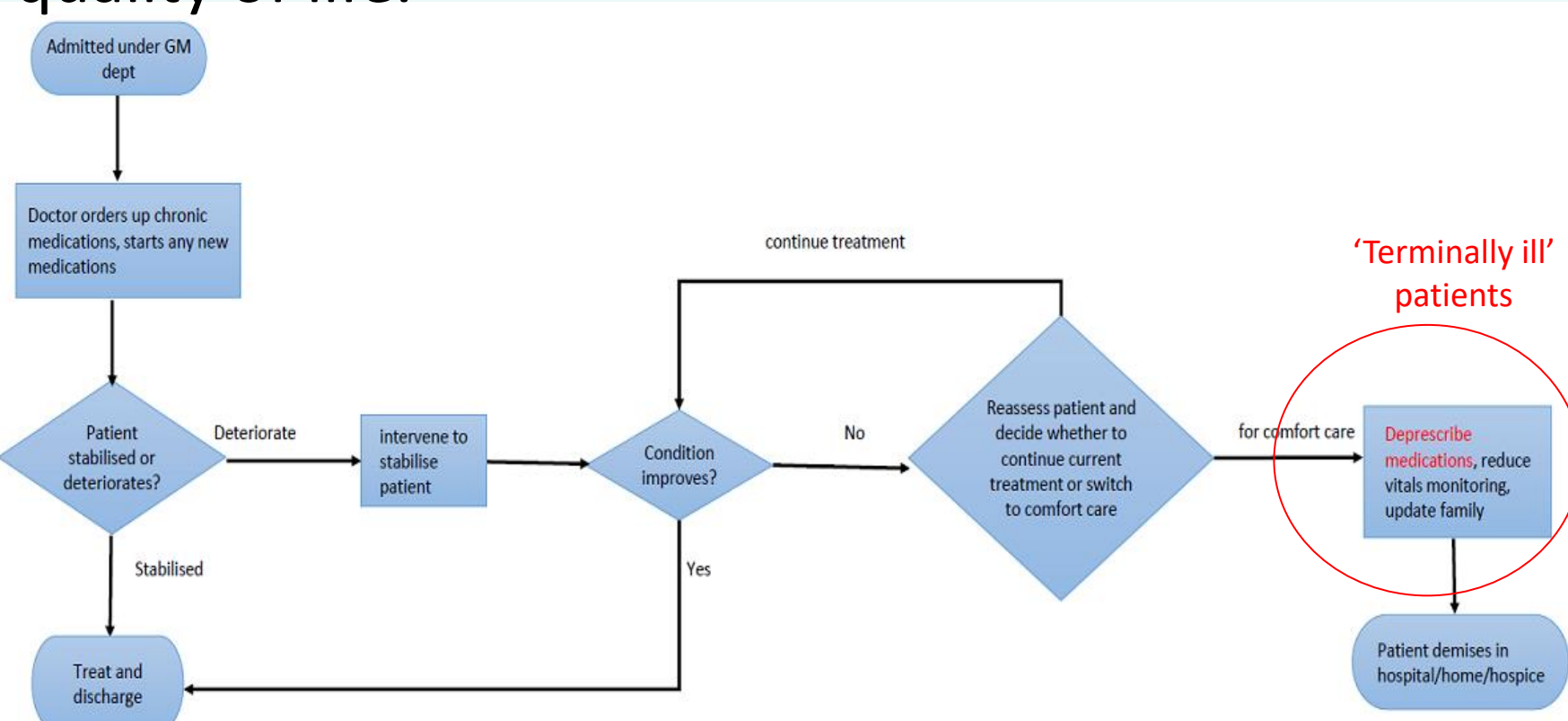
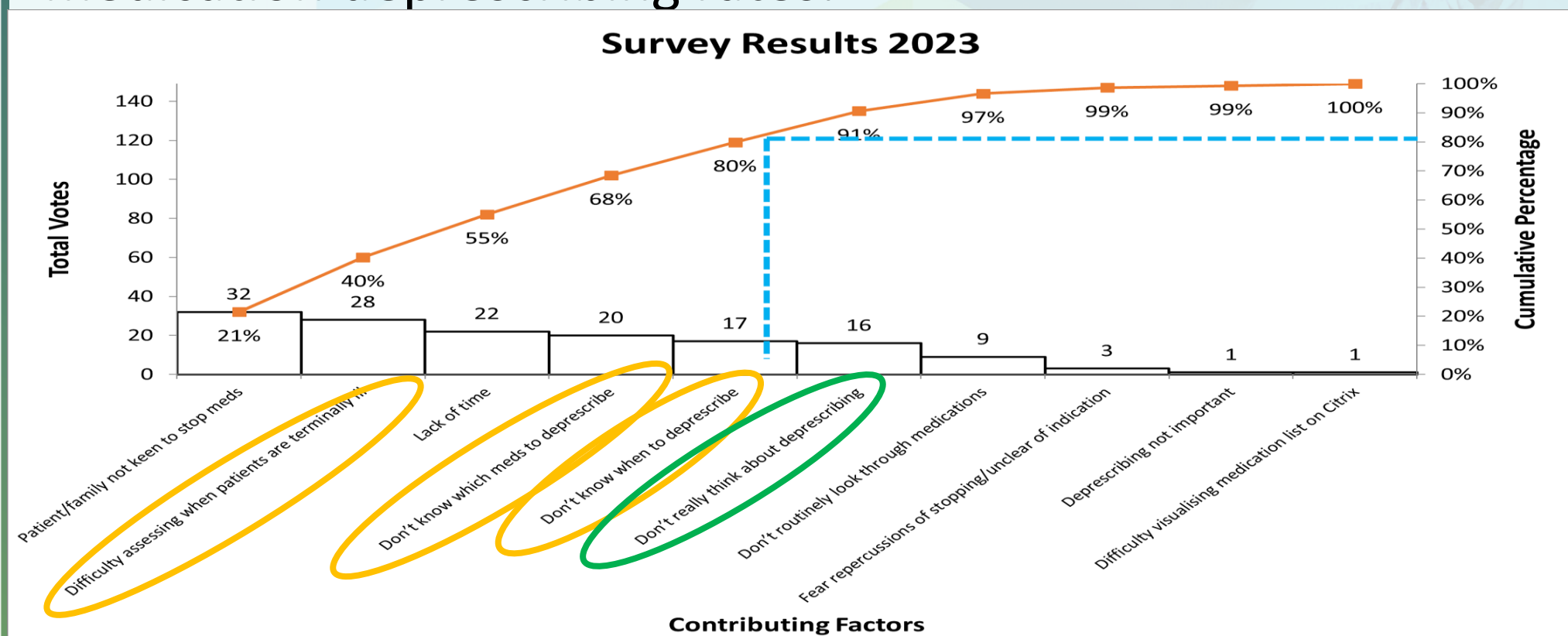


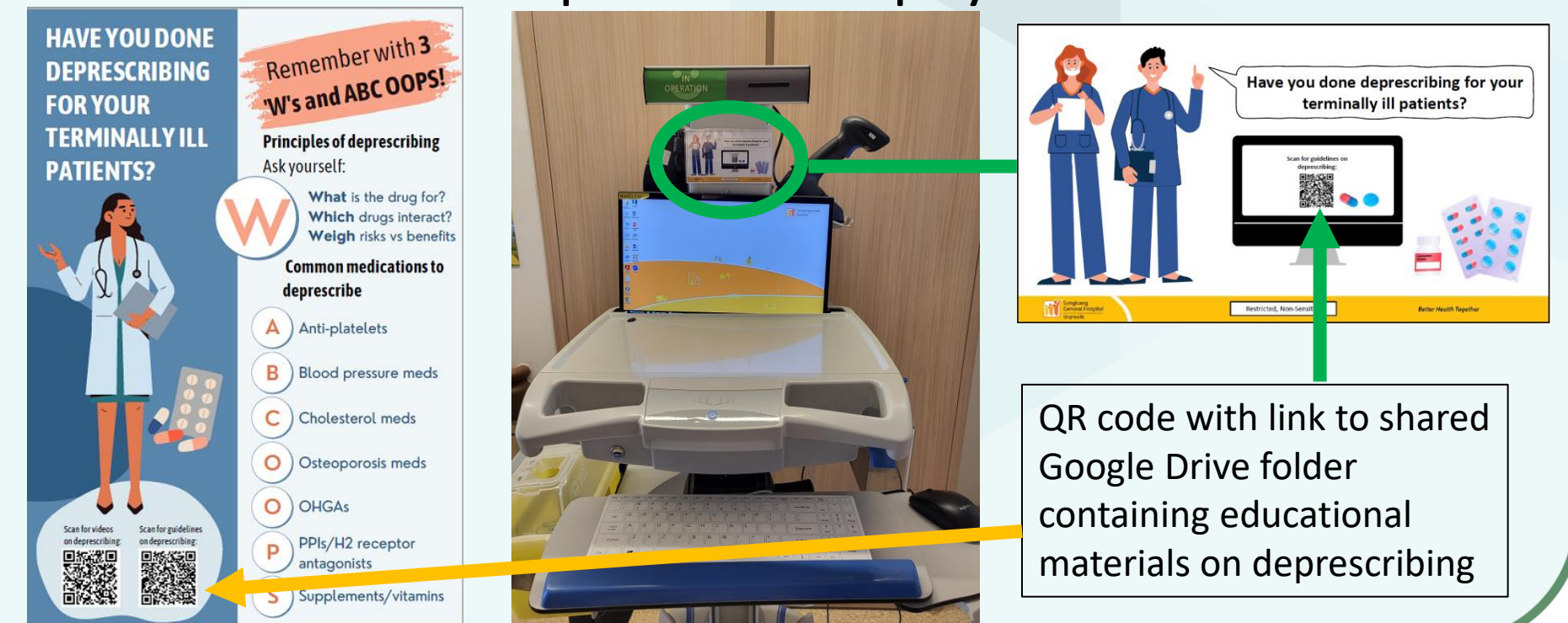
Figure 1: Workflow for Medication Deprescription

Potential Solutions

Pareto chart: Survey conducted across doctors and pharmacists on which causes they felt contributed to low medication deprescribing rates:



Interventions targeted at **education** and **reminders** for doctors via educational posters and physical notices:



QR code with link to shared Google Drive folder containing educational materials on deprescribing

Project Aim

To improve rates of medication deprescribing for General Medicine inpatients by 25% within 24 hours of being identified as 'Terminally ill'

Baseline data on rates of deprescribing for terminally ill patients – **Mean 60%, Median 64% from July – Sept 2022**

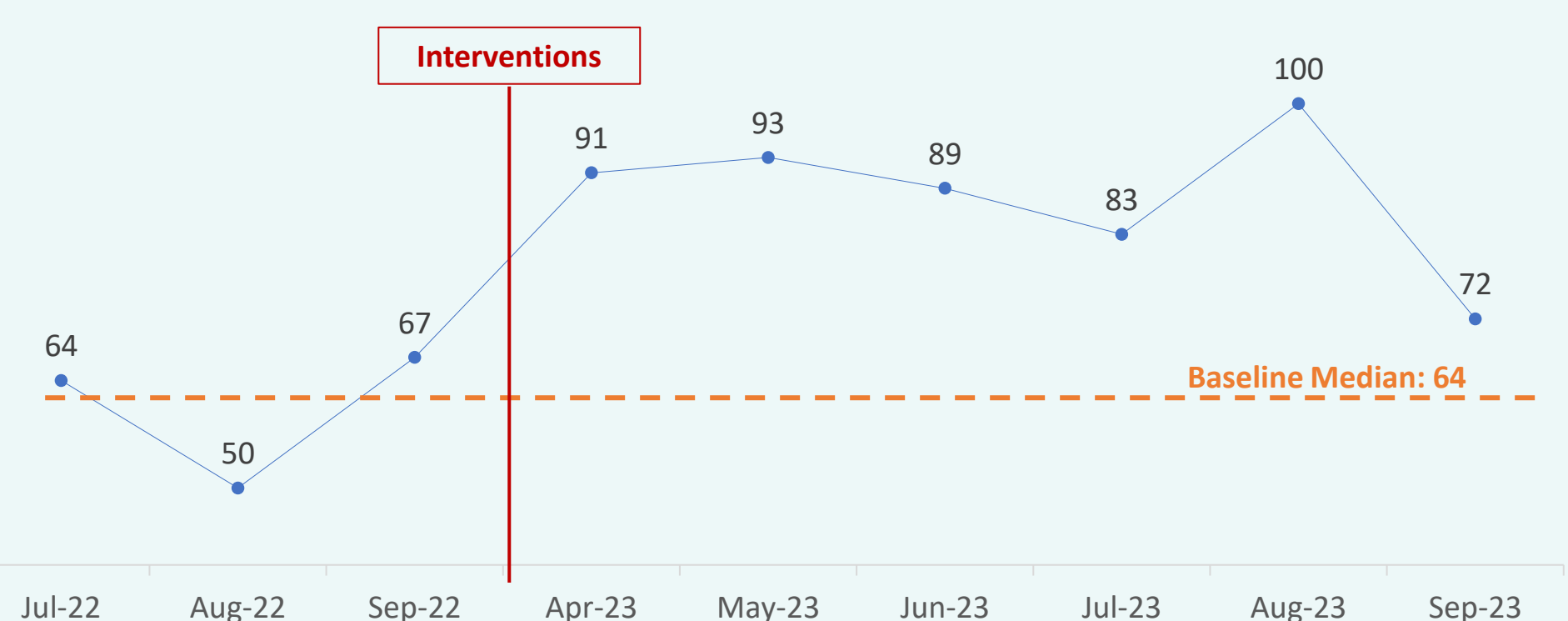
	Jul '22	Aug '22	Sept '22
Mean	64%	50%	67%

Lessons Learnt

- Start with small scale interventions to create more buy-in before moving on to larger-scale interventions
 - Large-scale interventions tend to require more time and money to implement so more people have to be convinced that the project is effective and important before they would be willing to commit
- Form a team with members from different backgrounds
 - Our team members come from different disciplines in the hospital and this allowed us to view the problem from different angles and come up with more types of solutions

Outcomes & Impacts

Rate of deprescribing within 1 day for terminally ill patients (%)



The run chart shows a statistical shift with the implementation of the interventions in April 2023. Mean deprescription rates improved from the baseline of **60%** to current performance of **88% (46% increase)**.

In conclusion, interventions targeted specifically at **education** and **reminders** were effective. With increased awareness of deprescribing, more doctors can confidently identify terminally ill patients and deprescribe medications appropriately. This in turn helps improve the quality of life for patients.

In future, we hope to potentially expand our project to other clinical disciplines so that more patients can benefit.