Provider and Patient Education Limits the Uses of Proton Pump Inhibitors During Inpatient Rehabilitation

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Objectives

- To align proton pump inhibitors (PPIs) use with best practices during Inpatient Rehabilitation (IPR) admissions

Methods

- Design – Case control study, Action Research
- Setting - Academic IPR Facility
- Participants – 200 patients admitted to an IPR facility over 5 months examined retrospectively
- PPI prescribing trends were explored 3 months prior to intervention and 2 months following IPR provider education

Interventions

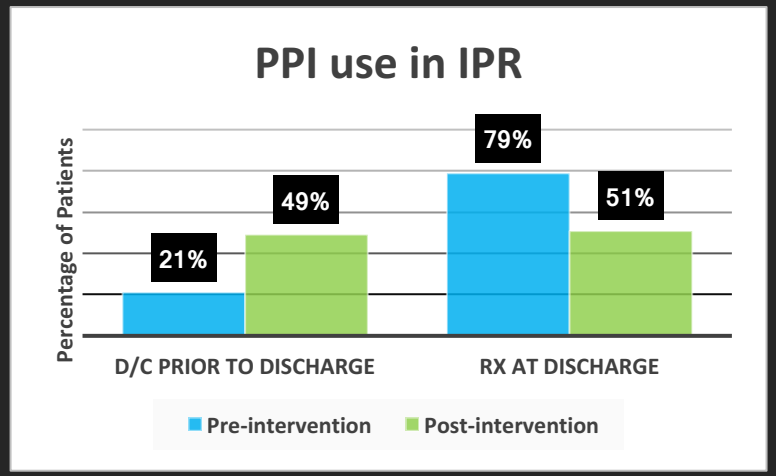
- An educational session on best-practice indications for PPIs, including ideal therapeutic dosage and duration was provided to IPR physicians and pharmacists
- Patients in whom PPIs were discontinued were provided informational brochures [shown] with alternative pharmacological and non-pharmacologic therapies to manage any symptoms

Main Outcome Measures

- A retrospective review of IPR records was performed in order to determine utilization of PPIs during IPR
- Further categorization was based on factors including timing of prescription (i.e. prior to admission, upon admission, and whether it was continued upon discharge)

Results

- **Pre-intervention**:
  - A 3-month review showed that 131 patients were prescribed PPIs during IPR
  - 71% of these patients were previously prescribed PPIs and 29% were started during admission
  - Usage was discontinued in only 21% of patients prior to discharge, resulting in 79% of patients discharged from IPR with prescriptions for PPIs
- **Post-intervention**:
  - A 2-month review revealed that 69 patients were prescribed PPIs during IPR
  - 71% of these patients were on PPIs upon admission and 29% were started during admission
  - PPIs were stopped in 49% of these patients during IPR, resulting in 51% of these patients discharging with PPI prescriptions



Conclusion

- Education for patients and physicians regarding the best-practice guidelines of PPIs lead to a 28% decrease of prescriptions upon discharge from an IPR facility
- This simple intervention can further lead to improved patient safety and lower prescription costs for the IPR facility and patient

Future Directions

- Future investigation is needed to determine whether all patients that were started on PPIs prior to admission to IPR were on them for an FDA approved indication
- More education needs to be provided to PCP and acute care physicians to help reduce the use outside of the IPR hospital