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Project #04: I-C-U Continuing Antipsychotics at Discharge

Joseph A. Gregor
Henry Ford Health

Angela Nguyen
Henry Ford Health

Cassandra Falk

Vince Procopio
Henry Ford Health

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BACKGROUND

Antipsychotics are often utilized in the intensive care unit (ICU) for acute delirium.

These agents are often continued after delirium resolution upon a patient's transfer to general medicine units or hospital discharge.

Unnecessary continuation increases risk of QTc prolongation, anticholinergic side effects, and mortality in elderly patients with dementia.

The Confusion Assessment Method for the ICU (CAM-ICU) can be performed periodically to help determine if antipsychotics are still warranted for delirium.

OBJECTIVE

The purpose of this study is to assess characteristics of ICU antipsychotics initiation and continuation throughout patient transitions of care.

METHODS

Inclusion Criteria	Exclusion Criteria
•Adults ≥ 18 years of age	•Protected populations
•Initiated on an antipsychotic while in the ICU from July 2022 to July 2023	•Taking antipsychotics 30 days prior to ICU admission
•Administered at least two antipsychotic doses	•Prior medical history of psychiatric disorder
	•Expired during inpatient admission

Appropriate Antipsychotic Initiation/Continuation Definition

- Patients started on an antipsychotic for ICU delirium/agitation based on a positive CAM-ICU or as assessed by the intensivist through documentation in the electronic medical record

Primary Endpoint

- Percentage of patients who were started or continued ICU-initiated antipsychotics with a negative or missing CAM-ICU upon transition from ICU to general practice unit or upon discharge

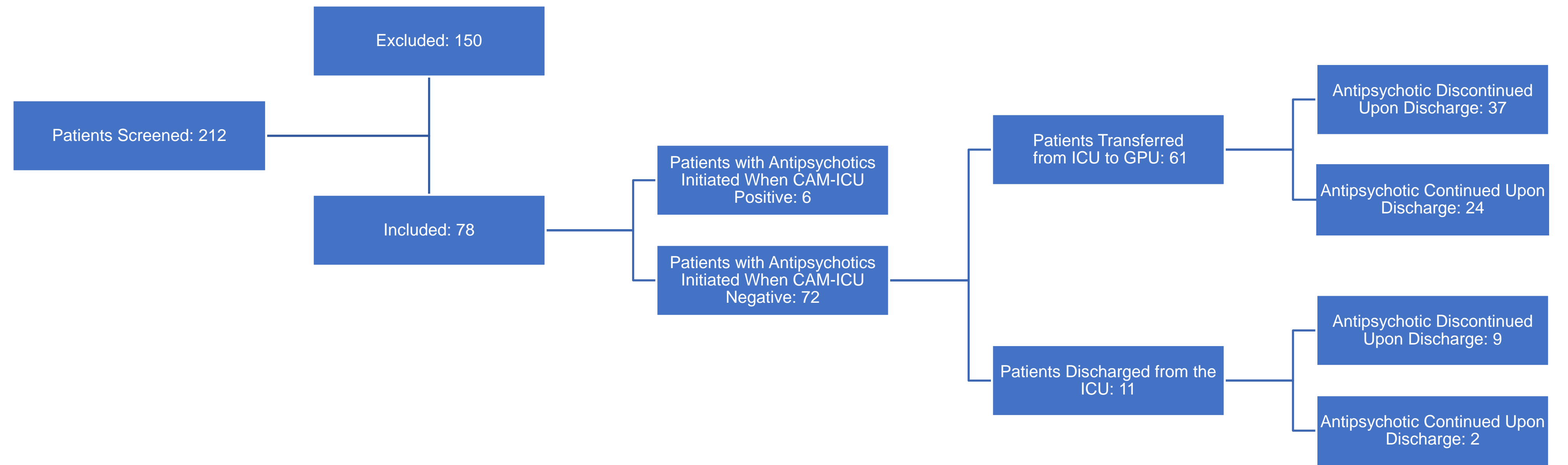
Secondary Endpoints

- Provider service that discontinued ICU-initiated antipsychotics prior to hospital discharge (if applicable)
- Antipsychotic administered
- Proportion of days ICU-initiated antipsychotics were administered during the patient's hospital stay
- Percentage of CAM-ICU assessments completed

BASELINE CHARACTERISTICS

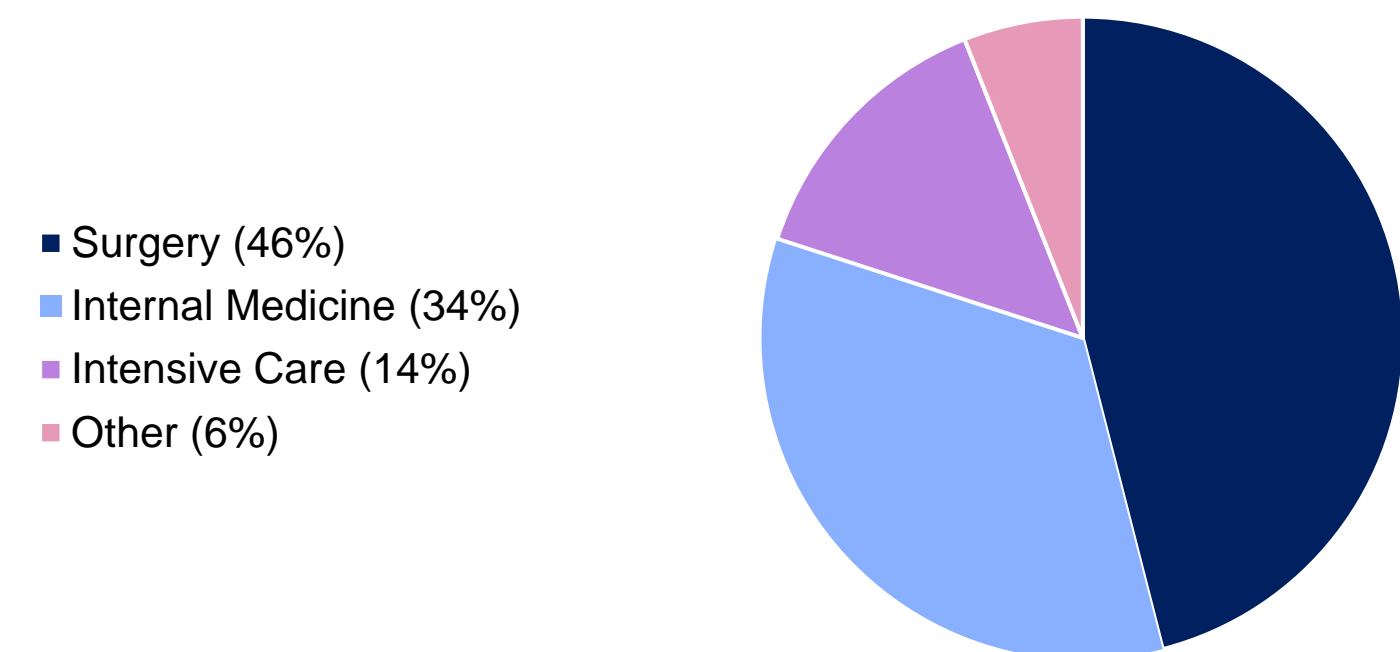
Age, mean (SD)	70.1+/-13.6
Female, n (%)	31 (39.7)
White, n (%)	69 (88.5)
BMI, median (IQR)	26.9 (23-31)
QT/QTc, mean (SD)	467.6+/-36.7
RASS, median (IQR)	0 (-1-0)
Length of Stay, median (IQR)	16 (8-24)
Number of Days Antipsychotic Administered, median (IQR)	7 (4-14)
Administered Quetiapine, n (%)	64 (82.1)
Administered Olanzapine, n (%)	14 (17.9)

PRIMARY ENDPOINT



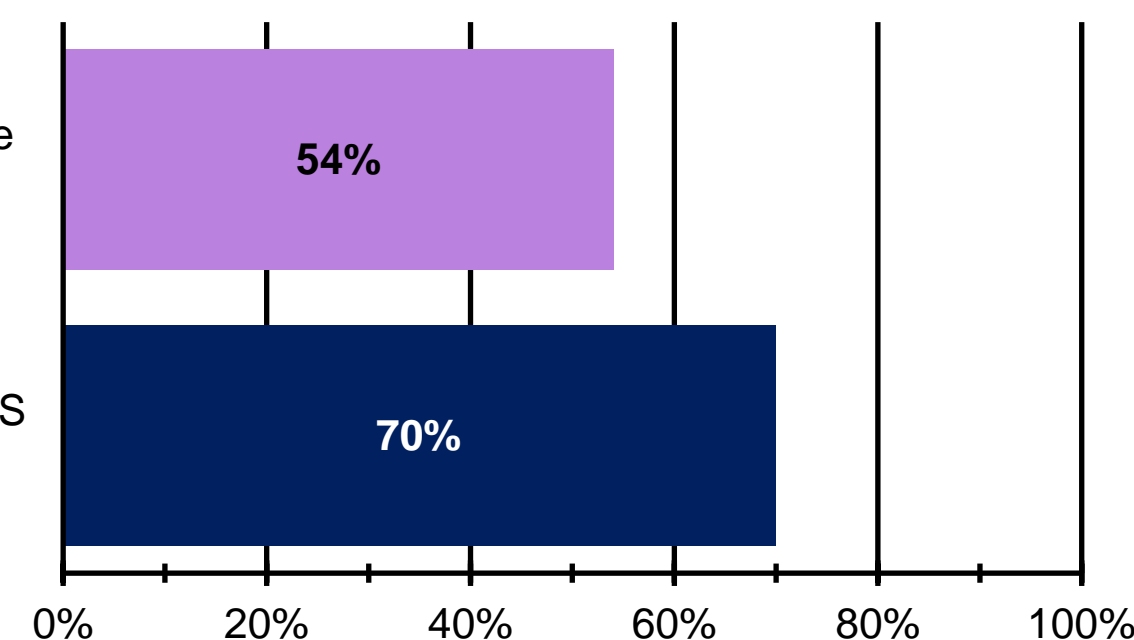
SECONDARY ENDPOINTS

Service That Discontinued Antipsychotics Prior to Hospital Discharge



Proportion of Days Antipsychotics Were Administered During Inpatient Stay

Average Percentage of Required CAMS Completed



CONCLUSION

Key Takeaways

The majority of patients who were started on an antipsychotic in the ICU had a negative CAM-ICU upon agent initiation.

Antipsychotics initiated in the ICU were primarily discontinued by providers outside of the intensive care unit.

36% of patients started on an antipsychotic in the ICU had therapy continued upon hospital discharge.

Future Directions

- Present results at local Critical Care Committee meeting
- Promote nurse education on CAM-ICU
- Incorporate CAM-ICU result review during daily rounds
- Educate pharmacists on recent addition of antipsychotics to the Henry Ford Health policy titled, "Automatic Pharmacist Medication Discontinuation Policy for Adult Inpatients"
- Create a daily report for pharmacists to identify patients on antipsychotics
- Add antipsychotics to the scoring tool in Epic that assigns points to patients based on various criteria that warrant clinician evaluation