Background

Polypharmacy is common among elderly patients. 32% Canadian seniors take ≥ 5 medications on a regular basis. UTOPIAN data shows: on average, each family physician looks after 24 patients age 65 who were prescribed ≥10 different medications in the past year. 75% of those were prescribed at least 1 potentially inappropriate prescription (PIP).Polypharmacy increases the risk of poor health, reduced quality of life, physician frustration and high system costs.

Choosing Wisely Canada and the Canadian Deprescribing Network recommend wiser use of Proton Pump Inhibitors (PPIs), Benzodiazepines, Antipsychotics, Long-acting Sulfonylureas.

Taking ≥ 10 unique medications has been found to be a reliable index of persistent complexity among elderly patients (≥65yrs). Taking ≥ 10 unique medications has been found to be a reliable index of persistent complexity among elderly patients (≥65yrs).

The Intervention: SPIDER

SPIDER: Structured Process Informed by Data, Evidence and Research. Built on the Institute for Healthcare Improvement (IHI) Breakthrough Series Toronto (UTOPIAN) and Having polypharmacy

Quality Improvement (QI) and Research

This project is a collaboration between Quality Improvement and Research and Practice. This project is a collaboration between Quality Improvement and Research. This project is a collaboration between Quality Improvement and Research.

Quality & Innovation Program, Department of Family and Community Medicine (DFCM)

This project is a collaboration between Quality Improvement and Research. This project is a collaboration between Quality Improvement and Research. This project is a collaboration between Quality Improvement and Research.

Leads QI aspects of the project

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Practice team: family physicians, nurses, pharmacists, front desk staff

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Primary objective:

to determine whether a QI intervention can lead to an improvement in the quality of care provided to elderly patients (≥65yrs) living with polypharmacy compared to usual care.

Secondary objectives:

• To review patient experience with SPIDER
• To explore care providers’ satisfaction
• To assess the cost-effectiveness of SPIDER

References

1. Elliott MN, Brey EM. Polypharmacy is the air we breathe. AORN J 2019;100(4):617-624. doi:10.17159/0004-6132.2019.100.4.617