

## Background

- Polypharmacy has been observed in the medical management of geriatric patients at a long-term inpatient mental health hospital.
- Data collected retrospectively from the electronic health record (EHR) over a period of twenty months found a 90% prevalence rate of polypharmacy among the adult geriatric inpatients.
- 11% of the geriatric inpatients experienced adverse drug reactions resulting in hyperglycemia with increased risk for type 2 diabetes.
- 22% of the geriatric inpatients were sent to hospital emergency rooms secondary to adverse drug effects.

## Objective/Aim

### Objective

- The objective of this DNP quality improvement project was to implement the evidence-based Screening Tool for Older Persons/Screening Tool to Alert to Right (STOPP/START) for medication reconciliation to reduce polypharmacy and potential adverse drug reactions.

### Aim

- 100% of the geriatric inpatients will receive screening with the STOPP/START tool by prescribers.
- 100% of geriatric inpatients will have no adverse drug reactions, drug interactions or acute hospitalizations after implementation of STOP/START tool.

## Methods

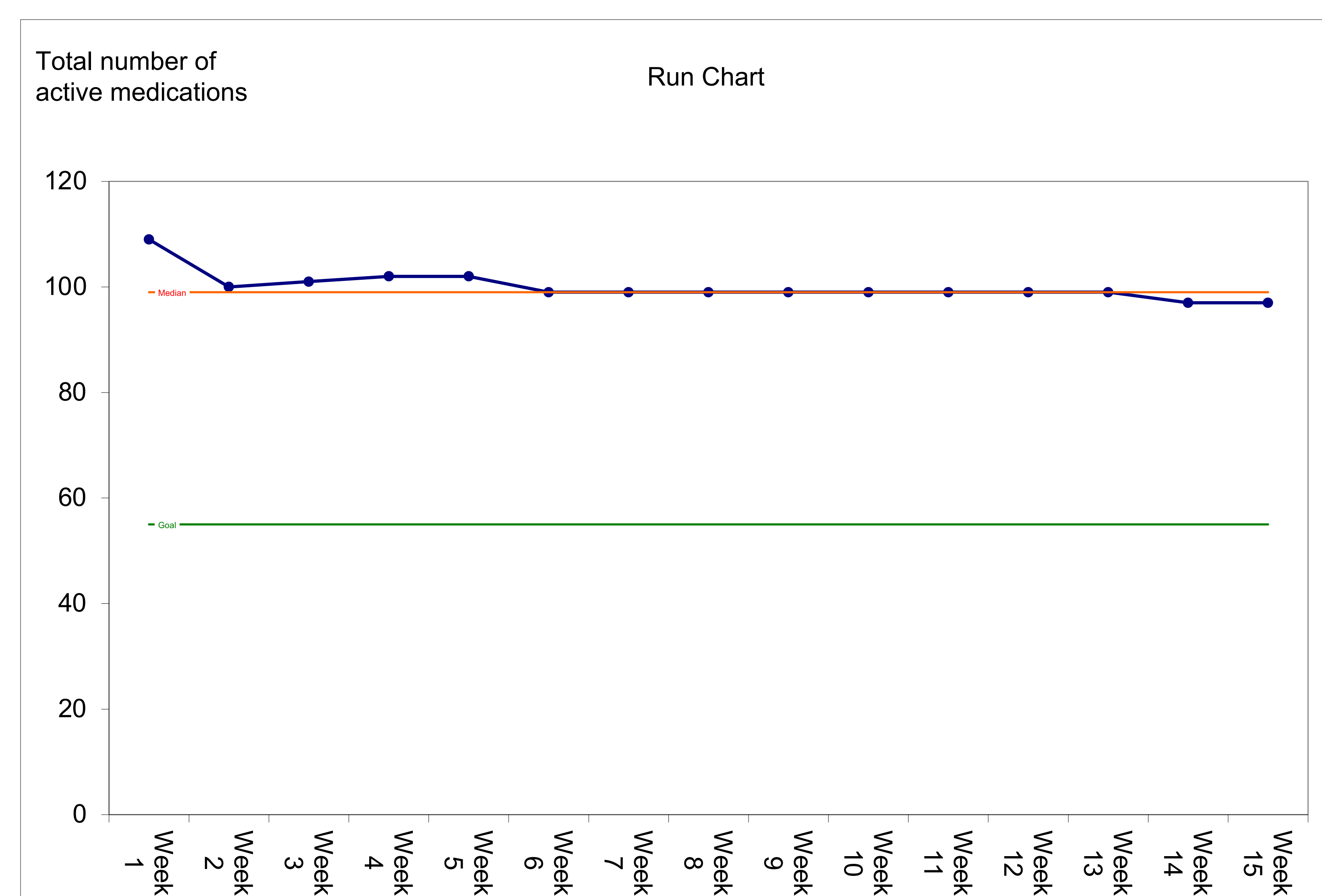
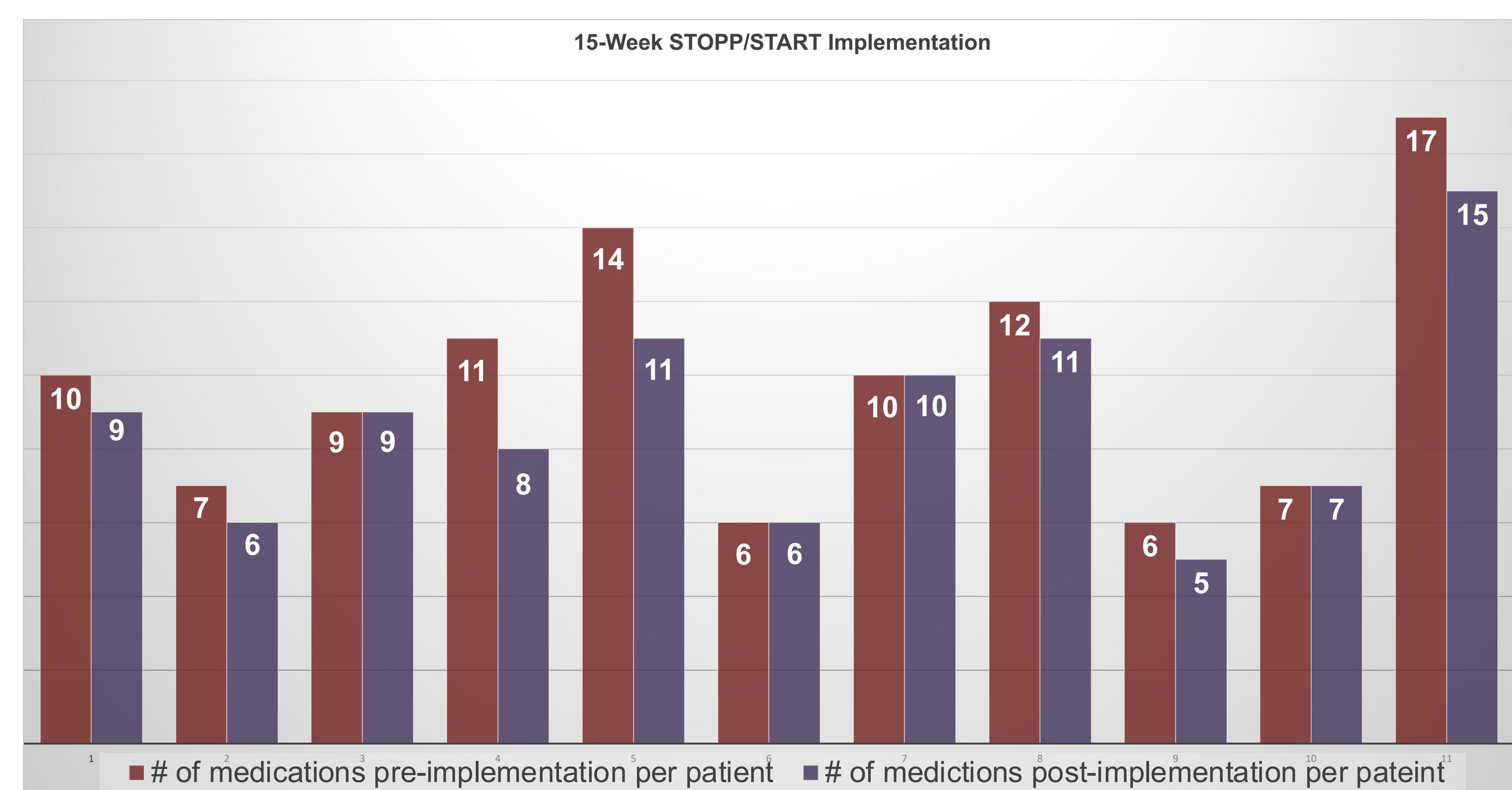
**Setting:** Inpatient mental health hospital

**Target Population:** 65 years of age or older prescribed 5 or more daily medications

### Implementation:

- STOPP/START was applied to a sample size of 11 geriatric inpatients weekly over a 15-week period from September 2022- November 2022.
- Data collection was performed using the STOPP/START Data Collection Tool and the STOPP/START Data Sheet with weekly audits
- Data was entered into REDCap.

## Results



- 11% decrease in the total number of active medications after implementation
- No adverse drug reactions, acute hospitalizations
- Average age of the sample size was 73 (67-83)
- Total number of active medication reduced after implementation: 12
- Total number of active medications stopped during implementation: 17
- Total number of active medications started during the implementation: 5

## Discussion

### Implications for Practice:

- A literature review supported use of the STOPP/START tool to reduce inappropriate drug prescribing and polypharmacy.
- The STOPP/START tool effectively identified medications that could result in adverse reactions.
- The STOPP/START tool was beneficial for completing medication reconciliation in a geriatric psychiatric population.

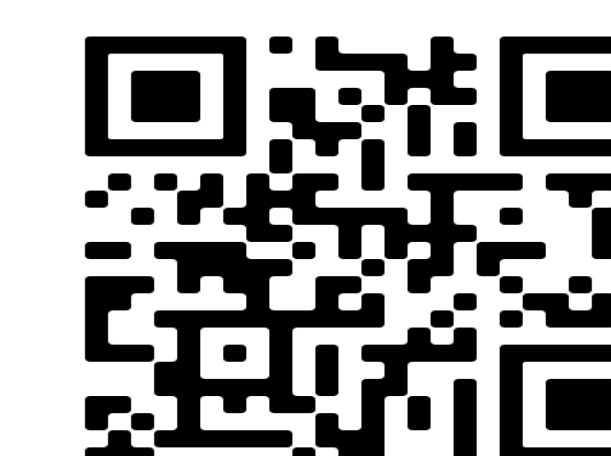
### Limitations:

- Small sample size
- Low patient turnover
- Length of time to complete STOPP/START

## Conclusion

- Medication reconciliation can reduce inappropriate prescribing and polypharmacy in the geriatric inpatient mental health setting.
- STOPP/START tool is effective for identifying medications with potential adverse effects on the geriatric inpatient mental health setting.
- There was an increased awareness and sensitivity among prescribers to address polypharmacy in the clinical setting.
- Sustainability can be achieved by integrating STOPP/START criteria into the electronic health record (EHR) and expanding the tool to other inpatient units.

## References



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