

Utilization of an EHR Alert during Discharge Planning to Increase the Prescribing Rate of Antiplatelet & Statin Medications

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Background:

The Society for Vascular Surgery Patient Safety Organization (SVS PSO) recommends that patients undergoing major vascular surgery be prescribed Antiplatelet + Statin (AP+S) medications at hospital discharge, unless there are contraindications.

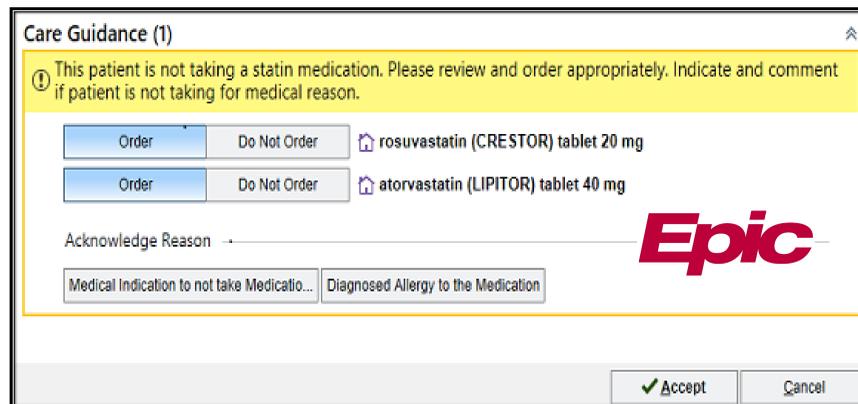
Problem:

Surgical Trainees and Advanced Practice Clinicians (APCs) tasked with discharging inpatient vascular surgery patients may:

- not be aware of the SVS PSO guidelines AND
- benefit from a reminder at the point of care during discharge planning

Improvement Strategy:

In November 2017, we developed and implemented an Epic Electronic Health Record (EHR) "Best Practice Advisory (BPA)" that presents users with an alerting pop-up window reminding them to prescribe AP+S medications if indicated.



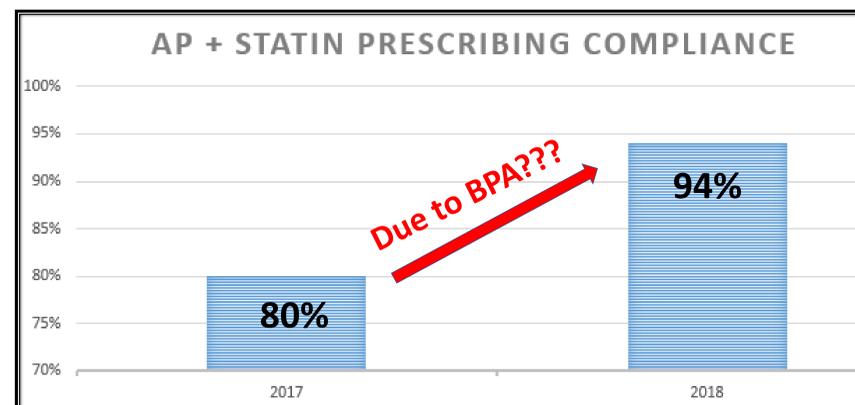
The AP+S BPA was designed to fire for **each vascular surgery patient**, in **real time**, and at the **point of care** while providers are completing patient electronic discharge orders.

Goals & Methods:

- Assess utilization & usability of AP+S BPA
- Identify barriers and facilitators of use
- Evaluate user experience via formal survey

Results:

- All surveyors reported 'Alert Fatigue'
- Initial design of the BPA only included 2 statins
- Fires on all patients, regardless of diagnosis or existing prescriptions for AP+S
- **3 patients** were prescribed an AP+S specifically due to the BPA (out of 243 total fires)



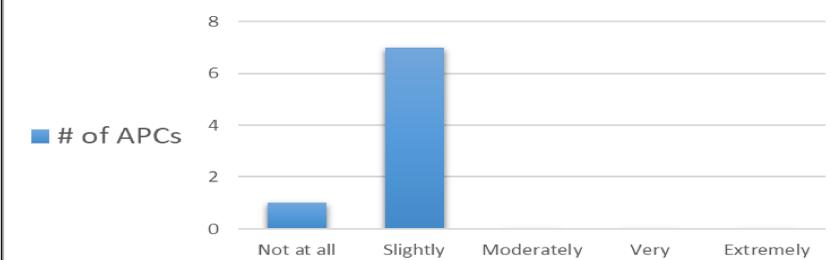
Surgical Trainee & APC Feedback:

"Hate it, get rid of it."

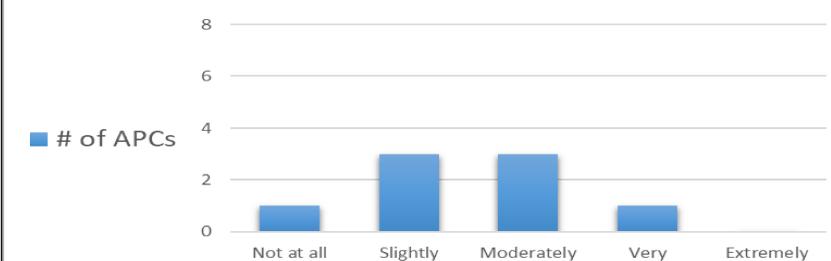
"EHR flags everything already, too many alerts and busywork already."

"If we as providers must continue to suffer through this, alerts should be off when pt already prescribed and when not indicated."

How strongly do you feel the BPA contributes to an increased rate of prescribing to your personal practice?



How useful do you think the BPA is for reminding you to prescribe an AP + S at discharge?



Success Factors:

Implementation of a BPA into the EHR provides an **innovative approach** to remind trainees and APCs at the point of care of AP+S prescribing guidelines.

Lessons Learned:

Though AP+S prescribing compliance increased after implementation of the BPA, the extent the BPA contributed is unknown. Other reasons for increased compliance could be low staff turnover and increased education during the same time period.

The **nuisance** and **fatigue** caused by the BPA may outweigh the potential benefits.

As a team, we made the decision to **TURN OFF** the BPA to evaluate whether future AP+S prescribing rates will change in its absence.