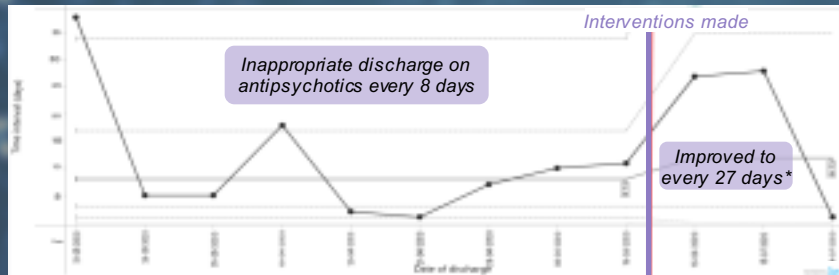


## BACKGROUND

Continuation of antipsychotics started on ICU on transition to ward care is a common occurrence (1,2,3). There is a significant risk of adverse reaction and increased cost associated with prolonged usage (2), the precipitants of delirium also vary between ward and ICU. **Our project aimed to reduce the number of patients inappropriately discharged from ICU on antipsychotic treatment.**

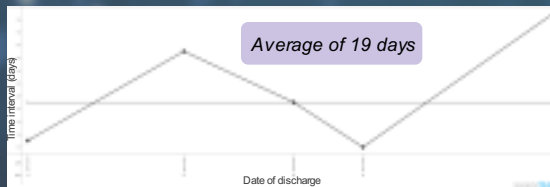
## RESULTS: OUTCOME MEASURE

We measured the time interval between discharged patients remaining on antipsychotics without a plan to discontinue:



The above shows that the frequency of inappropriate discharges on antipsychotics reduced significantly in May-Jun 2020 following interventions. \*Last data point in July reduces the average to 12 days which correlates to an incomplete discharge checklist due to new staff unfamiliar with procedure.

Data collection a year later (Feb-Apr 2021) shows a sustained improvement:



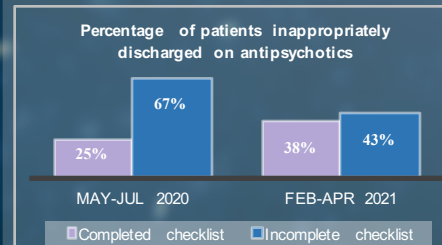
## METHOD

**3 cycles of data collection:** 1) Feb-Apr 2020 (retrospective), 2) May-Jul 2020 (prospective) and 3) Feb-Apr 2021 (retrospective).

**3 interventions** made alongside cycle 2 of data collection, 1 per week: 1) email to ICU doctors; 2) poster in clinical areas; 3) reminder added to electronic ICU discharge checklist

## RESULTS: PROCESS MEASURE

The below chart suggests that engagement with the discharge checklist results in fewer patients discharged on antipsychotics



## RESULTS: BALANCING MEASURE

We measured the presence of delirium on discharge to ensure no negative impact of our interventions. The table below demonstrates no significant increase in patients being discharged with delirium.

Percentage of patients discharged weekly with delirium (measured by CAM-ICU)		
Feb-Apr 2020	May-Jul 2020	Feb-Apr 2021
6.74%	10%	4.2%
Before interventions		After interventions (made mid May - early Jun 2020)

## CONCLUSION

Our interventions have reduced the frequency of inappropriately continued antipsychotic prescriptions on discharge from ICU, we have showed this to be sustained over a year. Staff changeover does present challenges - a future intervention could be to send an informative email to new staff who may not have been inducted on the use of the discharge checklist yet.