PP-44

Reducing Percentage Of Geriatric Patients With Metformin Overstock In Pejabat Kesihatan Daerah Seberang Perai Selatan

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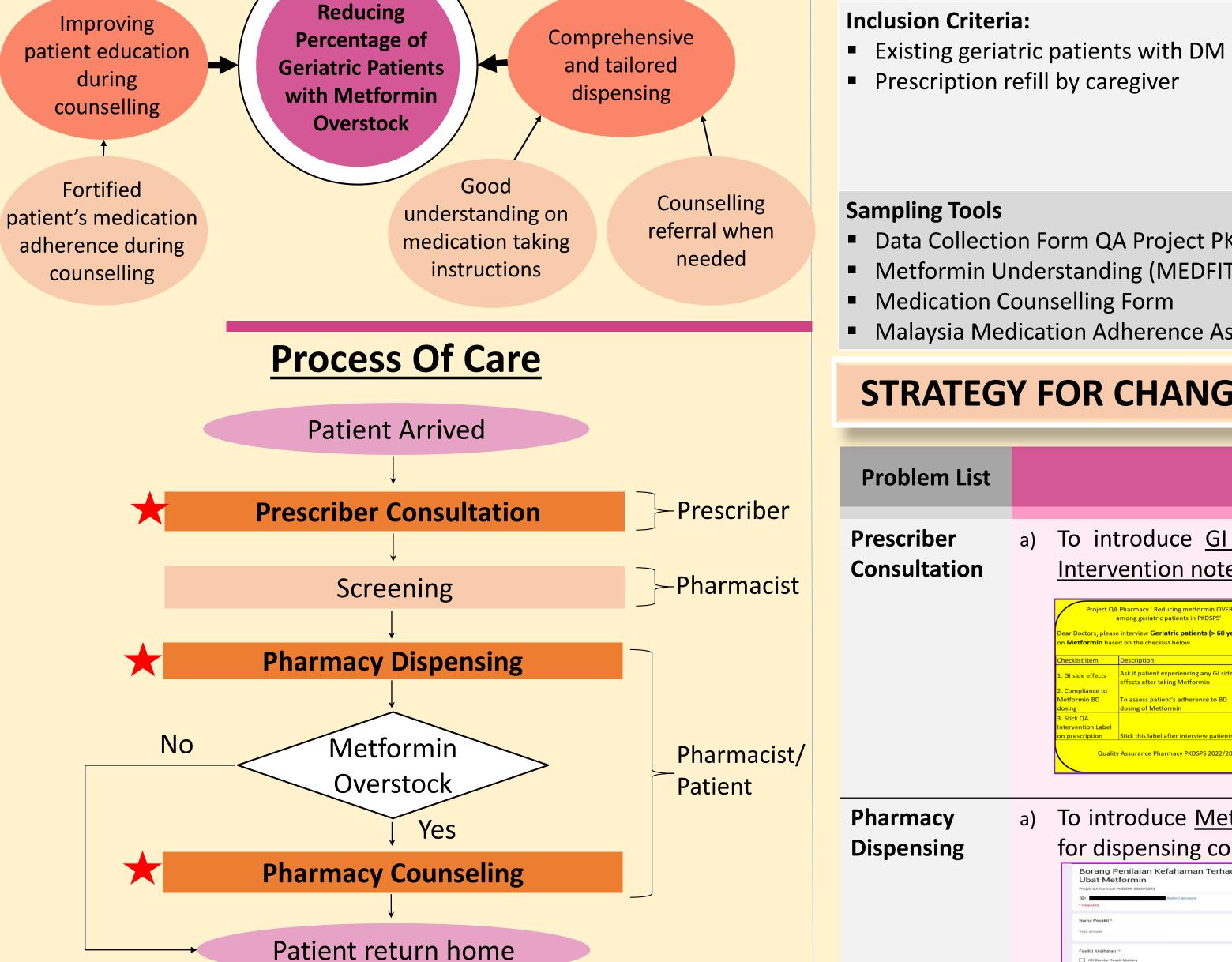
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INTRODUCTION **Cause-Effect Analysis Chart PROCESS OF GATHERING INFORMATION** Geriatric diabetic patients contribute to the major demographic background of diabetic patient in primary **Study Design** Minimize risks of **Optimum drug** Compliance to health clinic in PKD SPS. GI adverse Cross-sectional study at 5 health care clinics in PKDSPS multiple dosing selection by effects of metformin prescribers **Sampling Method** These patients are often presented with excessive balance Convenient sampling method antidiabetic medications, especially Metformin. **Sampling Population** Geriatric patients (> 60 years old) with T. Metformin

SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

Problems		S	Μ	Α	R	т	Score
Improving monitoring of emergency trolley medications' expiry date in outpatient			14	16	16	17	76
High number of geriatric patients with metformin overstock			17	16	14	16	80
High rate of early empty mdi salbutamol exchange			12	14	15	13	67
Frequent change in drugs company provider cause confusion among patients which affect their compliance			15	18	13	15	79
Number of team members: 6Score: 1-Low, 2-Medium, 3-High					3-High		
Seriousness effect	Metformin overstock ↓ therapeutic effectiveness, ↓ medication adherence & ↑ drug wastage						
Measurable Number of geriatric patients with overstock metformin							



Exclusion Criteria:

- Newly diagnosed geriatric patients with DM
 - SPUB patients
 - Recent hospitalisation (3 months)
 - Multiple facilities follow up
- Data Collection Form QA Project PKDSPS 2022
- Metformin Understanding (MEDFIT) Form
- Malaysia Medication Adherence Assessment Tool (MyMAAT) Form

STRATEGY FOR CHANGE & IMPACTS

Problem List		Strategies
Prescriber Consultation		CAN COMPLY TO BD DOSING
Pharmacy Dispensing		ter (Oct 22 & ongoing) https://docs.google.com/forms/d/11RFzVT- mwq2o_CPi9atMa36aY6QYH9TftvCtKzIDXG4 /viewform?edit_requested=true
Pharmacy Counseling	22 & ongoing) a) To stick <u>MetBD lal</u> patient medication	s (Oct 2 nd Remedial Measures (May 23 & ongoing) bel on a) To introduce <u>'Missed T.</u> Metformin <u>dose</u> during <u>Metformin</u> <u>dose</u> Management' card KERT KERRAYA KENCING MANIS TIDAK DIKAKI SKIT JANTUNKERRAYA TELAH PINGGAL SEBAK SANAJA TENINGAKERRAYA TELAH TERUPA MENGAL SEBAK SANAJA TENINGAManagementi Cos yang terninggal sebak sanaja teningaMisakaki terupa mengementaka sebaka sebaka sebaka teningaMisakaki terupa kendeliki sanaja teninga
Post 1 st Cycle, P	AU (403 strips) RM85.60 (107 strips) RM79.20 (99 strips) Frest 1 Cycle	Forgetfullness Forgetfullness Gl side effects Difficulty in swallowing 0 there s 0
Comparison of HbA1c (%) b	etween Pre Cycle vs Post 1 st Cycle to Post 3 rd Cycle 53.90% HbA1c improved at the end of 4 cycles Pre Cycle Post 1 Cycle Post 2 Cycle Post 3 Cycle Post 3 Cycle 8.90% 8.00%	ABNA ABNA 70% 50% 50.40% 50.40% 50.40% 50.40% 50.40% 50.40% 19.31% 19.31% 18.55% -1.5%

A _	Appropriateness	Medication wastage prevention & glycemic control improvement					
R	Remedial	Additional effective tools will increase patient's understanding & adherence					
Τ	Timeliness	The study and remedial measures can be completed within a year					

Literature Review

A study by Greener (2008) showed that most of the geriatric patients faced difficulty in swallowing pills and thus, it is vital to improve patient's adherence in order to reduce morbidity and mortality associated with type-2 diabetes.

A total of 10% increasing of compliance could possibly decrease the risk of microvascular complications by 3.7%.

Problem Statement Effects Metformin **52.2%** Overstock ↑ Drug wastage ↑ Unnecessary cost 315 geriatric patients \downarrow Glycemic control Verification study (2019-2021)

Critical steps for intervention											
Model of Good Care *All values are in percentage (%)											
Criteria	Ν	Standard*	Pre- Remedial*	Post 1 st Cycle*	Post 2 nd Cycle*	Post 3 rd Cycle*					
Prescribers must enquire whether geriatric patients experience any <u>GI adverse</u> <u>effects</u>	226	100	0	38.6	76.5	84.6	1				
Prescribers must ask if patients able to comply to metformin BD dosing	226	100	0	38.6	76.5	84.6	1				
Pharmacist/pharmacy assistants must assess <u>patient's understanding</u> on their medication regimens	226	100	30	100	100	100	1				
Pharmacist must refer all DMgeriatricpatientscounselingwhenthereismetforminoverstockdetected	226	100	0	100	100	100	1				
Pharmacistmustassesspatient'smedicationadherenceandidentifyfactorscausingmetforminoverstock	226	100	50	100	100	100	1				
	Criteria Prescribers must enquire whether geriatric patients experience any GI adverse effects Prescribers must ask if patients able to comply to metformin BD dosing Pharmacist/pharmacy assistants must assess patient's understanding on their medication regimens Pharmacist must refer all DM geriatric patients for counseling when there is metformin overstock detected Pharmacist must assess patient's must assess patie	CriteriaNPrescribers must enquire whether geriatric patients experience any GI adverse effects226Prescribers must ask if patients able to comply to metformin BD dosing226Pharmacist/pharmacy assistants must assess patient's understanding on their medication regimens226Pharmacist must refer all DM geriatric patients for counseling when there is metformin overstock detected226Pharmacist must assess patient's understanding on their medication regimens226Pharmacist must refer all DM geriatric patients for counseling when there is metformin overstock detected226Pharmacist must assess patient's must assess patient's must assess patienting adherence and identify factors causing metformin226	CriteriaN* * ggPrescribers must enquire whether geriatric patients experience any GI adverse effects226100Prescribers must ask if patients able to comply to metformin BD dosing226100Pharmacist/pharmacy assistants must assess patient's understanding on their medication regimens226100Pharmacist must refer all DM geriatric patients for counseling when there is patient's must assess patient's must assess patient's must assess patient's must assess patient's must assess patient's and identify 226100	Model of Good Cal*AllCriteriaN*0*1Prescribers must enquire whether geriatric patients experience any GL adverse effects2261000Prescribers must ask if patients able to comply to metformin BD dosing2261000Pharmacist/pharmacy assistants must assess patient's understanding on their medication regimens2261000Pharmacist must refer all DM geriatric patients for counseling when there is patient's must assess patient's and identify22610050	Model of Good Carce*All values anCriteriaNTope of the second s	Model of Good CareKill values are in personCriteriaNPrescribers grescribersTo be set of the	Model of Good Care*All values are in percentageCriteriaN*pegg*if *o*if *o<				

Standard & Indicator

CONCLUSION & NEXT STEP

7.1-10.0

We aim to identify the contributing factors of metformin overstock and implement remedial measures

KEY MEASURES FOR IMPROVEMENT

overstock metformin in PKD SPS from 52.2% to **20%** in year of 2023

metformin overstock

overstock

with metformin overstock

To reduce the percentage of geriatric patient of

✓ To measure percentage of geriatric patient

To identify the contributing factors of

To formulate and implement remedial

✓ To re-evaluate the effectiveness of

measures to reduce metformin overstock

remedial actions on reducing metformin

- General Objective
- Specific
- Objectives

STANDARD: ≤ 20 %

(Standard is set to be ≤20% based on a consensus in QA meeting PKDSPS)

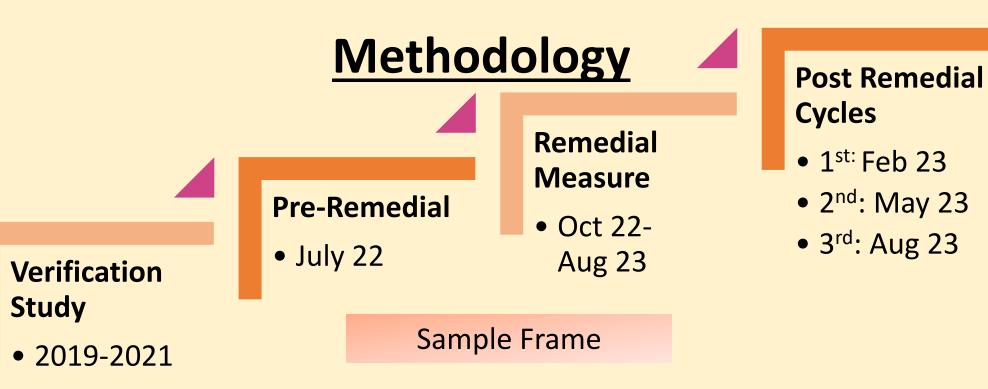
INDICATOR:

Pro

Percentage of geriatric patient with metformin overstock (%)

= Number of geriatric patient with overstock metformin X 100% Total number of geriatric patient with metformin

Overstock metformin = Patient has more than 1 strip (10 tablet) balance of metformin



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- Number of geriatric patient with metformin overstock in PKD SPS has reduced from 64.6% in year of 2022 to 18.5% in year of 2023
- Adverse effect and multiple dosing of metformin experienced by geriatric patient, poor patient's medication understanding on medication talking instruction and inadequate patient education are the contributing factors of metformin overstock
- Implementation of GI Adverse Effect & BD Dosing (GIBD) Intervention note, Metformin Understanding (MEDFIT) Form, MetBD label and Missed T. Metformin dose Management' card are beneficial in reducing metformin overstock
- Achievable but not achieve (ABNA) was improved from 44.6% to 30.4%, followed by -0.69% then to -1.5%

Expand this initiative to other frequently returned medications in the future

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