



Shoshana Herzig, MD MPH

Young Clinician Award 2010

Investigator Profile



Education

- MPH, Clinical Effectiveness, Harvard School of Public Health, 2010
- MD, New York Medical College, 2004
- BA, Psychology, Mathematics (Minor) Middlebury College, 2000

Clinical /Professional Appointment

- Active Staff, Medicine/General Medicine, BIDMC

Recent Honors and Awards

- 2010, Best Oral Presentation by a Fellow, Society of General Internal Medicine, New England Regional Meeting
- 2009, Mack Lipkin, Sr. Associate Member Award, Society of General Internal Medicine
- 2009, Geriatric Abstract Stipend Award, Society of General Internal Medicine, 32nd National Meeting

Impact on Care

- Hospitalization is a time of great flux in medication exposure, with up to 70% of patients experiencing more than 5 medication changes from preadmission to discharge.
- Transitions in care are high risk times for medication discrepancies, and current recommendations are for medication reconciliation to occur at every transition of care in which new medications are ordered or existing orders are re-written.
- One particularly extreme example of failure is the inadvertent continuation of stress-ulcer prophylaxis across several transitions in care. Up to 70% of inpatients have been found to receive acid-suppressive medications during their hospitalizations, 50% of which are initiations.
- This high prevalence of use is concerning because studies have found that up to 70% of inpatient use is not indicated. Furthermore approximately half of those newly prescribed acid-suppressive medication in the hospital are subsequently discharged with a prescription for these medications.

Abstract

This project aims to develop a pilot intervention for reducing medication fragmentation and improving evidence-based prescribing across the continuum of care, using acid-suppressive medications as a case study.

Methods and Intervention

Patients and setting: All patients at our medical center. The intervention will consist of 2 phases:

Phase 1

- Obtain baseline data on acid-suppressive medication use patterns using a computerized prompt for indication through our Provider Order Entry (POE) system any time a clinician initiates an order for acid-suppressive medication.

Phase 2: The second phase of the intervention is the active phase:

- If stress ulcer prophylaxis is selected from POE indication options, an interruptive screen will appear alerting the clinician that stress ulcer prophylaxis is only recommended for patients being admitted to the ICU. The clinician may choose another indication, cancel the order, or note that the patient IS being admitted to the ICU.
- The same prompt will appear any time a clinician orders or re-orders an acid-suppressive medication (such as with transfer orders), thus addressing use at the time of transfer between services and care settings.

Medication: **Pantoprazole** (Protonix)

Dose: 40 mg [Stress Ulcer Prophylaxis Guideline](#)

Route: PO/NG Give by mouth OR appropriate tube (NG, OG, JT, PEG, etc.)
 PO Give by mouth only
 NG Give by appropriate tube only (NG, OG, JT, PEG, etc.)

Frequency: Q24H Indication:

Start time: Now

Duration: Ongoing

Additional Instructions:

Stress ulcer prophylaxis is only indicated for patients being admitted to the ICU

Prior Order: Protonix 40 mg PO Daily
 Time/Date: 0830 11/12/10
 Location: CC792
 Ordering Provider: Jones MD
 Indication: **Stress Ulcer Prophylaxis**

Admitting to ICU - Order PPI | Choose Other Indication | Cancel Order