Time to stop stooling: improving laxative prescribing in the older adult

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Introduction

- Constipation is an extremely common problem encountered by hospital inpatients, particularly the older adult.
- Despite its ubiquity on geriatric wards, constipation is often recognised late, and not managed proactively.
- Additionally, there is a paucity of formal guidelines for laxative prescribing, with clinicians frequently prescribing based on preference

The scale of the problem

- Unmanaged constipation can lead to increased morbidity, including complications like delirium and obstruction, as well as prolonged hospital admission - associated with its own set of problems
- As a result of inadequate laxative prescribing, many patients required enema administration. Associated issues include unnecessary patient discomfort and nursing burden.

Aim

***Specific*:** To reduce the proportion of inappropriately prescribed enemas to below 15% in patients on three elderly care wards

***Measurable*:** Percentage of enemas prescribed with suboptimal prior prescribing (defined as administration without two regular oral laxatives prescribed for 2 days)

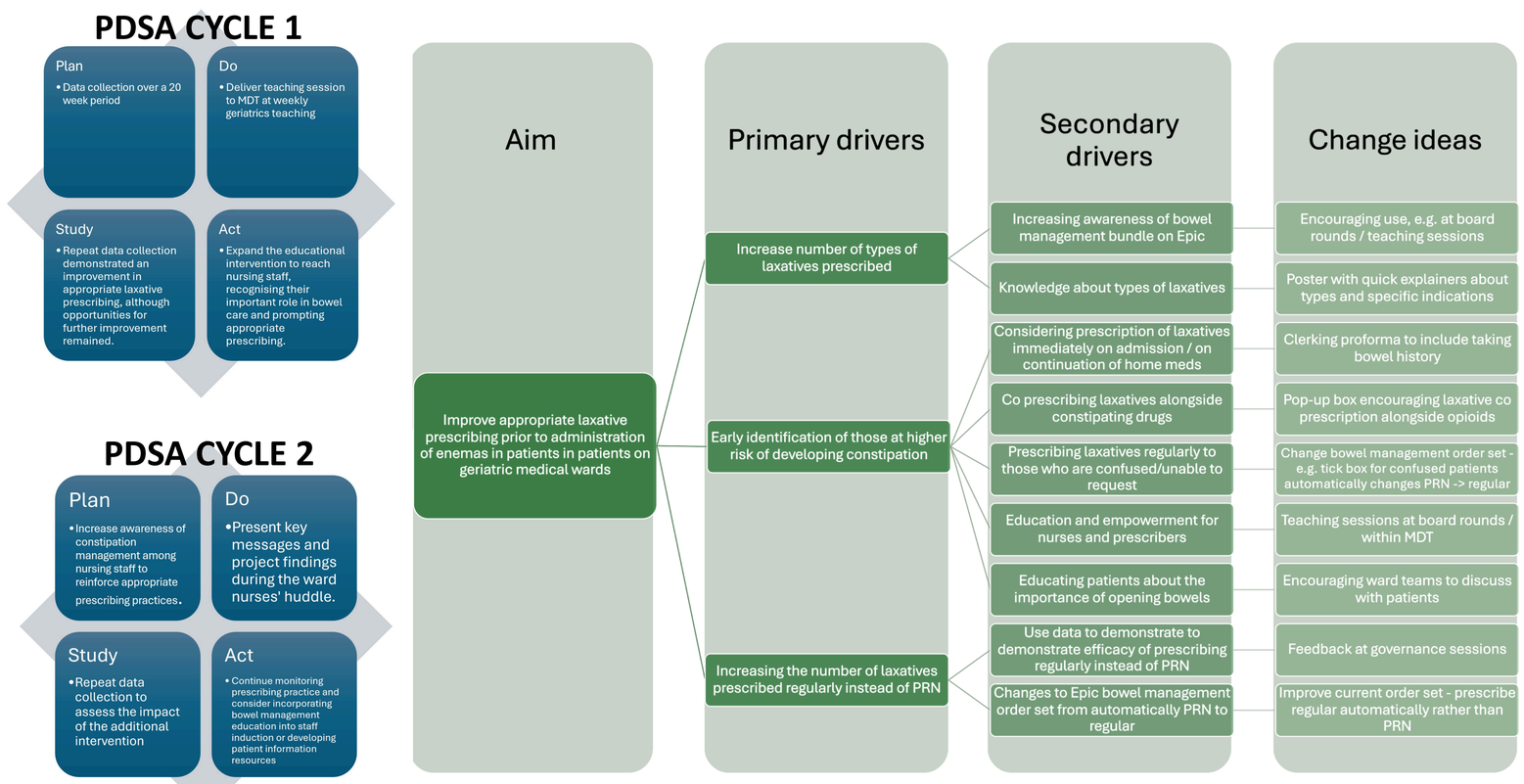
***Achievable*:** Reviewed as a realistic target with nursing and senior colleagues

***Relevant*:** Significant issue raised by resident doctors

***Time*:** Five months after first intervention

Methods

- Data was retrospectively collected by running a search designed on Epic, identifying patients across our chosen wards who had received an enema.
- Enema administration was used as a marker of constipation.
- We documented data about manner of laxative prescribing prior to enema administration (including type, dose, reg/PRN, and the proportion of laxatives that had been given).
- Other data collected included use of laxatives prior to administration, frailty score, reason for admission, and associated discharge delay
- We created a driver diagram to understand key points of change, and used PDSA cycles to design suitable interventions



Data

Cycle 1 (pre intervention)

- **33 patients** identified, median frailty score 6, median length of stay 7 days (at enema administration)
- **17 (51.5%)** had inappropriate oral laxatives prescribed prior to enema administration

FIRST INTERVENTION

teaching session delivered to doctors of all grades working on geriatric wards, presenting intial data, explaining the importance of recognising constipation early and prescribing laxatives appropriately

Cycle 2

- **27 patients** identified, median frailty score 6, median length of stay 13 days (at enema administration)
- **5 (22.2%)** had inappropriate oral laxatives prescribed prior to enema administration

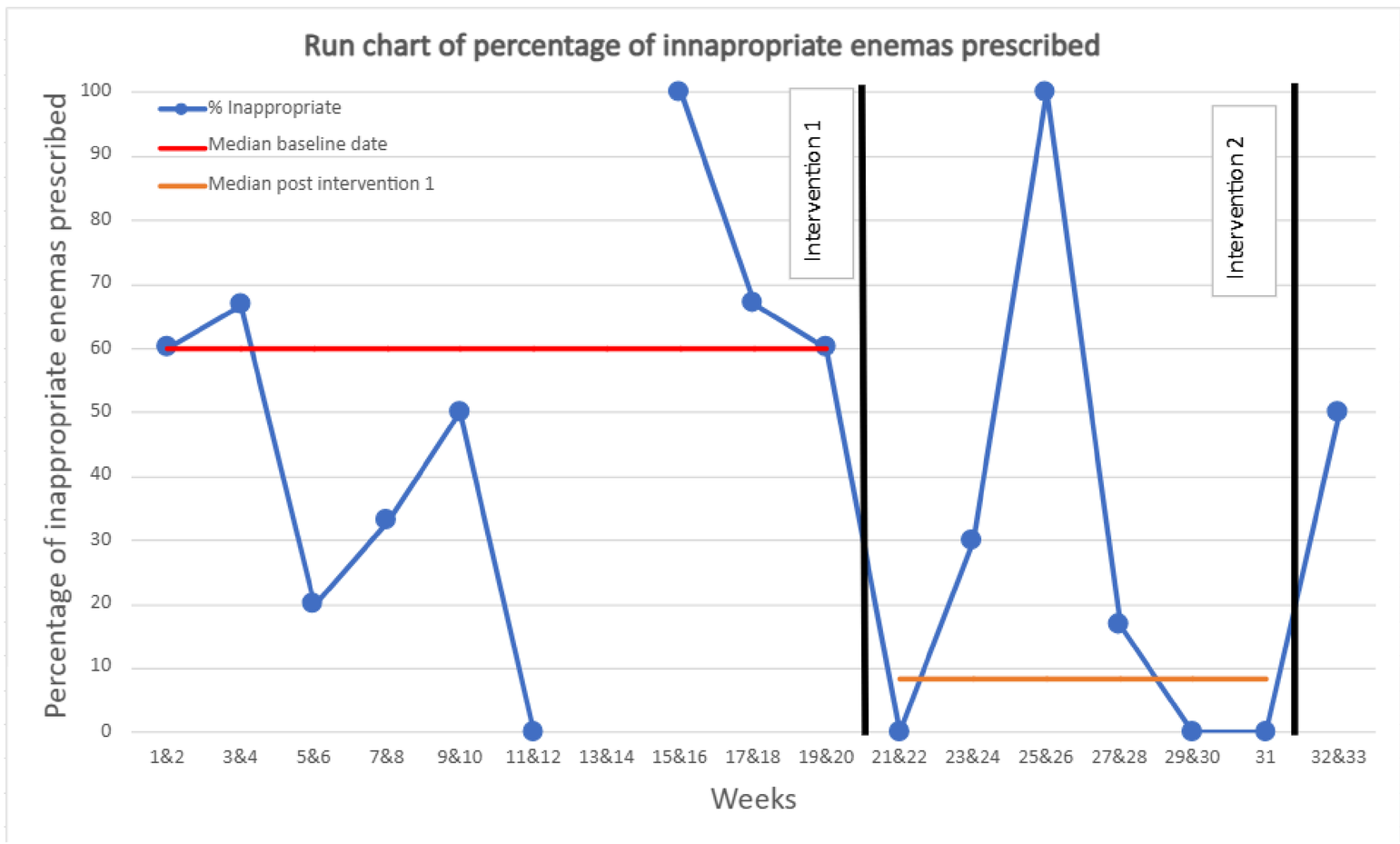
51.5% → **1st Intervention** → 22.2%

SECOND INTERVENTION

Education of the nursing staff on the target wards during their morning handover highlighting risks of constipation, recognising those vulnearable and discussing with prescribers

3rd Cycle Initial Results

- So far **4 patients** identified, median frailty score 6.5, median length of stay 4.5 (at enema administration)
- **2 (50%)** had inappropriate oral laxatives prescribed prior to enema administration



Conclusion

This quality improvement project demonstrated that targeted interventions can improve the appropriate prescribing of enemas for constipation. Following two PDSA cycles, inappropriate enema prescribing reduced from 51.5% to 22.2%, suggesting an overall improvement in prescribing practice. Ongoing data collection will evaluate the sustainability of these improvements and identify further opportunities to optimise constipation management through further interventions.