Pharmacy Research Project Proposal

WORKING TITLE OF THE PROJECT
Medication Utilization for Secondary Prevention of Acute Coronary Syndromes in Critically Ill Patients

PRINCIPLE INVESTIGATOR

Dr. Anthony Amadio BScPharm, ACPR, PharmD
Clinical Pharmacy Specialist- Critical Care
Kelowna General Hospital
2268 Pandosy Steet, Kelowna, BC V1Y 1T2
Email: anthony.amadio@interiorhealth.ca
Office Phone: 250-862-4300 ext 7458
Cell: 778-214-3045

CO-INVESTIGATORS

Sean K. Gorman, Richard Slavik, Melanie Sunderland

RESEARCH SITE(S)

Kelowna General Hospital

BACKGROUND. RATIONALE AND SIGNIFICANCE (LIMIT TO 250 WORDS)

After an acute coronary syndrome (ACS), patients require drug therapy that has been proven to reduce mortality, cardiac arrest, and re-infarction. It is not uncommon for patients who have just had an ACS to require treatment in an intensive care unit (ICU). ACS can lead to cardiac arrest or heart failure and patients may require hemodynamic support landing them in the ICU. Admission to most critical care units leads to the majority of patient’s medications being held or discontinued and chronic medications are often not restarted. There are multiple reasons for chronic medications being held in the ICU such as patients not having gastrointestinal access for medications, hemodynamic instability, or end organ dysfunction that may impair drug metabolism or clearance increasing the risk for adverse events.

The medications that have proven benefit in secondary ACS prevention include anti-platelet agents, ACE-inhibitors/ARBs, beta-blockers, and HMG-CO-A Reductase inhibitors (statins). The percentage of patients who survive their ICU stays following an ACS and are discharged from the unit receiving these medications with proven benefit is unknown. Determining whether there may be an opportunity to improve prescribing patterns is warranted.
STATE YOUR PROPOSED RESEARCH QUESTION

POPULATION:

PATIENTS \( \geq 18 \) YEARS OLD ADMITTED TO ICU-A/B FOLLOWING AN ACUTE CORONARY SYNDROME (STEMI/NSTEMI) WITHIN PREVIOUS 7 DAYS OR PATIENTS WHO EXPERIENCE AN ACS DURING THEIR ICU STAY

INTERVENTION (IF APPLICABLE): N/A

COMPARATORS (IF APPLICABLE): N/A

OUTCOMES:

PERCENTAGE OF PATIENTS PRESCRIBED ALL OF THE FOLLOWING PRIOR TO DISCHARGE FROM ICU (GIVEN THERE ARE NO CONTRAINDICATIONS TO THERAPY) ACE-INHIBITOR/ANGIOTENSIN RECEPTOR BLOCKER, BETA-BLOCKER, HMG-CO-A REDUCTASE INHIBITOR, OR ANTI-PLATELET

PERCENTAGE OF PATIENTS PRESCRIBED BETA-BLOCKERS PRIOR TO DISCHARGE FROM ICU

PERCENTAGE OF PATIENTS PRESCRIBED ANTI-PLATELETS PRIOR TO DISCHARGE FROM ICU

PERCENTAGE OF PATIENTS PRESCRIBED HMG-CO-A REDUCTASE INHIBITORS PRIOR TO DISCHARGE FROM ICU

PERCENTAGE OF PATIENTS PRESCRIBED ACE-INHIBITORS/ARBs PRIOR TO DISCHARGE FROM ICU

GOALS AND OBJECTIVES (MUST HAVE AT LEAST 1)

1. To determine the percentage of patients who are discharged from ICU receiving appropriate secondary prevention therapy following an acute coronary syndrome.

PROPOSED RESEARCH DESIGN/METHODOLOGY

This study will be a retrospective health records review with a cohort of ICU patients over a one year period.

PROPOSED RESEARCH CONTEXT (IE. RESIDENCY PROJECT, SUMMER PHARMACY STUDENT PROJECT, INDEPENDENT RESEARCH, ETC)

☐ SUMMER STUDENT RESEARCH
☐ RESIDENCY PROJECT
☐ INDEPENDENT RESEARCH
☐ OTHER RESEARCH

FUNDING SOURCES

None

ANTICIPATED START DATE OF THE PROJECT

JUNE 2015

ANTICIPATED END DATE OF THE PROJECT (CONSIDER FOR FEASIBILITY OF RESIDENCY PROJECT)

MAY 2016

PROJECT SUITABILITY

After consideration of the “FINER” criteria (Feasible, Interesting, Novel, Ethical, Relevant) I believe that the project meets all the Project Suitability Criteria _YES_ (indicate YES/NO)