INTRODUCTION

- Statins have been shown to reduce the number of cardiovascular events in diabetics
- The 2019 ACC/AHA guidelines reflect just that: type 2 diabetics aged 40-75 should be placed on at least a moderate-intensity statin for primary prevention of cardiovascular disease (CVD)
- Many diabetics who would benefit from statins are not prescribed them, indicating a disconnect between guideline and practice
- The purpose of our study was to evaluate and improve guideline adherence in patients who were admitted to our medicine service meeting the above criteria

METHODS

- Retrospective chart review of diabetics aged 40-75 that were admitted under a medicine service at our institution between June 2019 and January 2020
- Exclusion criteria included known CAD, PAD, CVA or TIA (Conditions making statin therapy no longer for primary prevention)
- A two-pronged intervention was carried out over an 8-week period from February 2021 – March 2021
- Resident education (primary prevention statin flowsheets in workrooms)
- Multi-disciplinary team with pharmacists
- Post-intervention, guideline adherence was evaluated by whether the appropriate patients were discharged on at least moderate-intensity statin
- Compared groups pre and post intervention using chi-square analysis

RESULTS

- Retrospectively chart reviewed 578 patients meeting our inclusion criteria admitted to Lenox Hill Hospital under a general medicine service between June 2019 and January 2020
- After incorporating our exclusion criteria, 153 (26.4%) remained that were not on a statin upon admission. Of those 153, 15 patients (10%) were discharged on at least a moderate-intensity statin (Figure 1)
- Post intervention, we identified 10 patients who met our inclusion criteria and on admission were not on a statin for primary prevention. Of those 10, 8 (80%) were discharged on at least moderate-intensity statin (Figure 2)
- Overall, we found post-intervention that there was a significant increase in patients who were appropriately discharged on a statin for primary prevention of CVD (p < 0.00001).

Hypothesis

- We hypothesized that improvement in compliance with the 2019 ACC/AHA guidelines on statin use in diabetics for CVD Prevention could be achieved through education and a multidisciplinary approach

Hypothesis

- With the implementation of intense house staff education and incorporation of a multi-disciplinary team, we were able to increase guideline adherence by 8-fold
- We hope that this intervention becomes self-sustaining and over time we can affect a change on a greater number of patients
- Additional areas of interest would be addressing patient compliance prior to discharge as well as incorporating a statin order set that automates when providers use the insulin order set for diabetics on admission
- We hope that this quality improvement project can be applied to other institutions to help improve CV disease outcomes in diabetics
- This intervention will continue to help Lenox Hill and Northwell Health as a whole provide the best value care to our patients

REFERENCES