

Stemming the tide of suboptimal metabolic monitoring in mental health patients taking antipsychotic medications

S Dinh¹, A Bennett¹, M Jordan⁶, V Peereboom², A Davis³, S Karacete⁴, A Meaney⁴, G Carter⁵, N O'Connor²

NSW Therapeutic Advisory Group¹; North Shore Ryde Mental Health Service²; Manly Hospital³; Concord Centre for Mental Health⁴; University of Newcastle⁵; Wollongong Hospital⁶.

Introduction

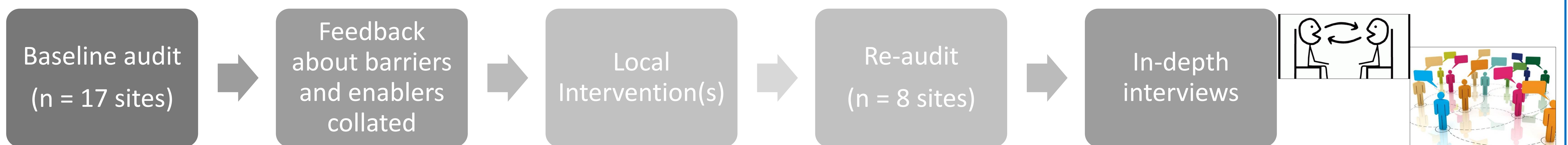
- Suboptimal adherence to metabolic monitoring recommendations in those taking antipsychotic medications is common and puts patients at increased risk of cardiovascular morbidity and mortality.
- The National Quality Use of Medicines Mental Health (MH) Indicator 7.4 “Percentage of patients taking antipsychotic medications who receive appropriate monitoring for the development of metabolic side effects” measures adherence to best practice recommendations.



Aim

- To undertake multisite performance assessment, benchmarking and implementation of quality improvement (QI) strategies for routine metabolic monitoring using Indicator 7.4.
- To identify barriers and enablers to metabolic monitoring, effective and ineffective interventions, and issues for global advocacy.

Methods



Results

<p>Baseline results: 0-42% (mean 14%)</p> <ul style="list-style-type: none"> • Poor: <ul style="list-style-type: none"> • waist circumference • fasting lipids • glucose measurements 	<p>Re-audit results: 0-63% (mean 23%):</p> <ul style="list-style-type: none"> • 4 sites reduced adherence • 4 sites improved, 2 dramatically
---	---

Barriers

Knowledge gaps

- Confusion about which parameters to measure
- Unclear who is responsible for measuring and actioning results
- Inconsistent approach to physical health interventions e.g. diet, exercise.

Medical Records

- Variable record quality
- Cumbersome paper & Electronic Medical Record
- Lack of alerts
- Multiple locations for data entry
- Suboptimal information exchange at transitions of care

Systems & Services

- Pathology services limited or not provided to MH areas
- Require improved systems for obtaining fasting blood samples and pathology reporting
- Unavailable equipment e.g. tape measures

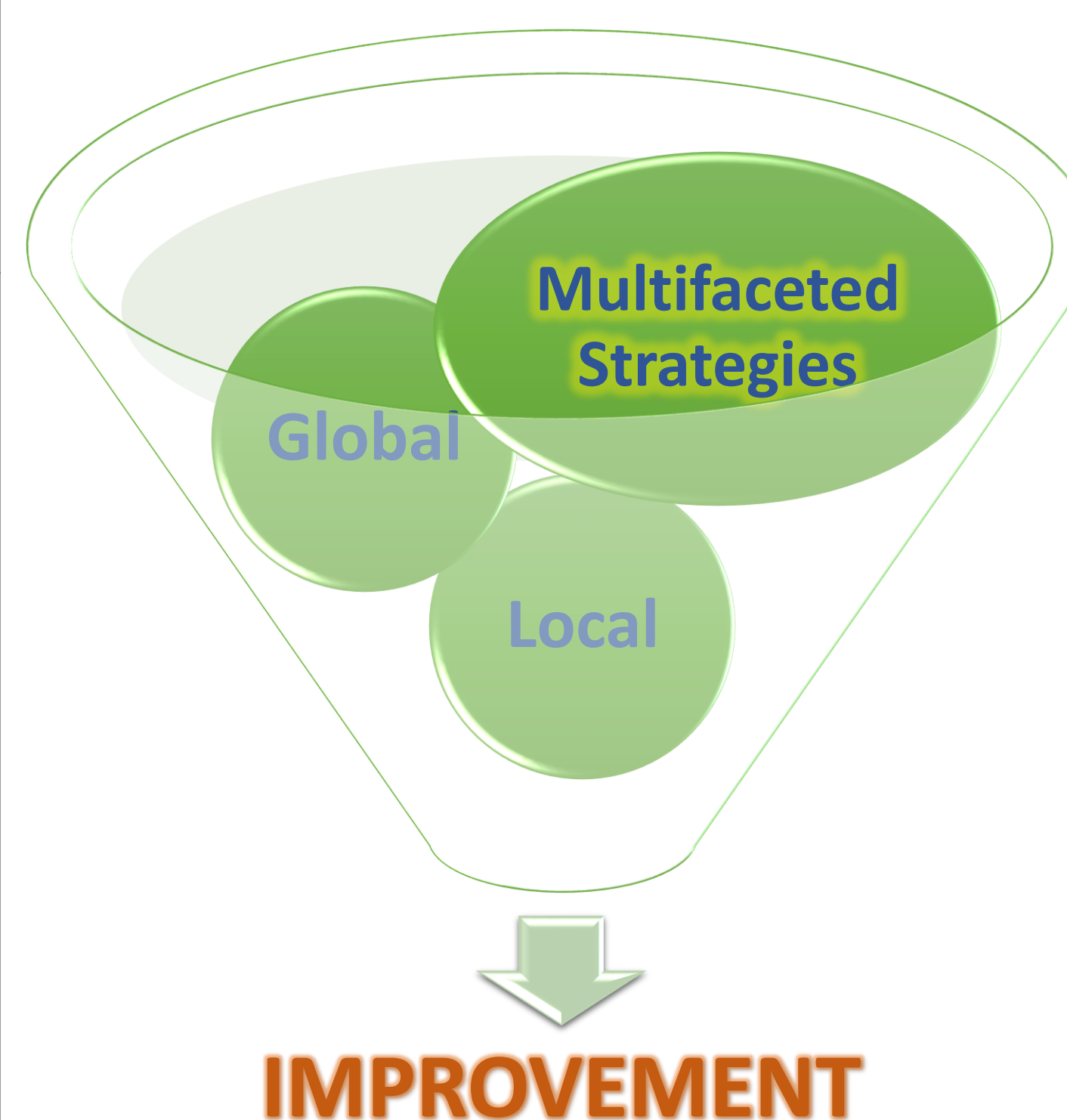
Staffing & patients

- Current suboptimal work practices and resourcing
- Concerns of increased workload
- Staffing rotations
- Patient barriers (refusal, privacy)

Barriers

Local Solutions

- Champions
- Education + regular feedback
- Tape measures
- Systematic triage & monitoring
 - e.g. Metabolic ‘Sundays’
- Introduction of forms/electronic form modification
- Patient knowledge & support
- Adopt tools/bundles of interventions



Global Solutions

- State-wide electronic records
- Autopopulation & pathology result tracking
- Standardisation for high quality pathology reporting & services
- Effective utilisation of MyHealthRecord
- Consistent and effective guidance/policy
- Stakeholder involvement e.g. ACI, eHealth, RANZCP

Conclusions

Baseline and re-audit results demonstrated suboptimal metabolic monitoring with common barriers emerging. Interviews generated new insights into effectiveness of QI efforts. Multisite studies are a useful means of providing benchmarking data to drive QI, develop skills in collaborative multifaceted improvement strategies and direct advocacy of necessary global interventions.