Improving Compliance with Antipsychotic Monitoring in the Psychiatric Population
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Introduction
• Psychiatric patients often die earlier than other patients and this outcome is normally due to treatable illness other than their mental illness.
• One such illness is metabolic syndrome, a cluster of risk factors that can pave the way to diabetes and heart disease.

Metabolic Syndrome
• It is well documented that metabolic syndrome can be a negative consequence of first and second generation antipsychotic medications used to treat a variety of mental health conditions.
• The development of increasing weight, waist circumference, elevated cholesterol, and impaired fasting glucose can be indicative of metabolic syndrome.

National Guidelines
• The American Diabetes Association (ADA), American Psychiatric Association (APA), American Association of Clinical Endocrinologists (AACE), and the North American Association for the Study of Obesity (NAASO) have recognized the risk of development of metabolic syndrome and have developed consensus guidelines for mental health providers to follow as they screen patients at designated intervals for early signs of metabolic syndrome.

PICO
• In adult patients from an outpatient behavioral health setting, how will an electronic medical record reminder system help providers to better track and monitor for metabolic syndrome in those patients taking antipsychotic medications?

Setting
• Outpatient behavioral health clinic.
• Adult patients ages 18-99.
• Adult psychiatric providers were the subjects.
• A needs assessment identified a gap in clinical practice between the nationally recognized guidelines for antipsychotic monitoring for metabolic syndrome and actual clinical practice.

Project Implementation
• Internal Review Board (IRB) approval was obtained from both the University of Mary and organizational host.
• Providers were educated on how to utilize the ERS and went live with the project immediately thereafter.
• Data was extracted from 110 patient charts both pre and post implementation over a 6 week period.
• A final stakeholders meeting was held to disseminate results.

Results
• Pre-intervention: 67 out of 110 patients (60.9%) were due for the lab to be drawn. 13 of those 67 patients (19.4%) had the lab work ordered.
• Post-intervention: 59 out of 110 patients (53.6%) were due for the monitoring. 13 of those 59 (22%) received their lab orders.

Recommendations
• Develop an electronic reminder system (ERS) in the existing electronic medical record to remind providers to perform the monitoring.
• Offer subjects (providers) training regarding the ERS.
• Development of a patient education tool regarding the recommended laboratory monitoring for metabolic syndrome; the reason behind the need for monitoring and what to expect from the venous puncture (lab draw).

Future Directions
• Continue surveillance of outcomes.
• Further development of the ERS to create a “smart” reminder that functions more automatically with less manual entry required and is flagged only on behavioral health patients due for labs.
• Individual instead of group educational sessions for providers to learn how to use the ERS with frequent reminders to use the tool and to review personal performance data.
• Development of a patient education tool.

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