CQI…… Can be fun

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Going somewhere?

Project Expectations

- Use Plan-Do-Check-Act or another nationally recognized QI (Quality Improvement) model to guide the project
  - Identify positive cases
  - Conduct clinical reviews
  - Review outcomes
  - Implement interventions to address barriers to change
  - Incorporate (and share) successful strategies into routine work

FOCUS-PDCA

- **F**ind an opportunity to improve: Participate in the GNYHA PSYCKES Learning Collaborative
- **O**rganize a QI team: Clinic-based, include clinic and medical leadership
- **C**larify current knowledge: Review clinic workflow, evidence base for quality concerns
- **U**nderstand variation: Review prescribing patterns in PSYCKES to understand trends
- **S**tart project: Educate and engage stakeholders

Plan

- Develop an Action Plan for the project overall and for the first PDCA cycle
  - Identify objectives
  - Identify processes to be modified/added
  - Define how staff will participate
- Develop systems for tracking and sharing project outcomes

Sample Action Plan

Quality Improvement Project Action Plan

Name of Agency/Clinic/Program: _____ Date Form Completed/Updated: _____

Goal #1: _____ Date Begun: _____

Goal #2: _____ Date Begun: _____

Objectives: _____

Intervention	Intended Outcome	Individual(s) Responsible	Resources Required	Start Date	End Date	Measurement of Success
Sample Intervention: Flag charts of positive cases to ensure that providers are aware of the quality concern at the point of contact. Admin Asst (overseen by Director) will pull charts of all positive cases, flag them w/ labels and re-file them. Director will inform staff in weekly meeting of what the labels mean. Director will use weekly productivity statistics to determine the number of clinical reviews conducted for current month vs. previous 2 months.	To increase the number of clinical reviews conducted.	• Clinic Director • Administrative Assistant	For 80 positive cases: • 3 hours of Admin Asst's time to pull, flag and re-file charts. • 2 sheets of 50 labels. • 3 hours of Director's time: 1 to supervise Admin Asst and spot-check charts, and 2 to compile and analyze data to evaluate success.	12/26/10	12/31/10 (for flagging charts) 1/31/11 (for assessing effective-ness)	1) All positive cases are flagged (per Admin Asst self-report and Clinic Director spot-check of flagged charts). 2) Number of clinical reviews per month increases by >10% in January vs. prior 2 months (per Director's analysis of weekly productivity stats).

Do

- Implement the Action Plan for the PDCA cycle
- Identify positive cases
  - Disseminate lists to prescribers and staff
- Clinicians conduct clinical reviews cases
  - Educate consumers about the concern
  - Structured note formats available to capture outcomes and barriers
- Support prescribers and consumers during medication transitions
- Understand/Re-assess conditions in which medications were not changed

Sample PSYCKES Note

PSYCKES QUALITY COLLABORATIVE
CLINICAL NOTE

Client Name:_____ Date:_____
Clinic Prescriber:_____ Client ID Number:_____
Other Prescriber:_____

CARDIOMETABOLIC RISK AND ANTIPSYCHOTIC MEDICATIONS

The client has a diagnosis of:
☐Diabetes ☐Hyperlipidemia ☐Hypertension ☐Obesity ☐Metabolic Syndrome (≥3 CMI) ☐CVD
High-/moderate-risk antipsychotic(s): _____ _____
Does the client have a psychotic disorder? ☐yes ☐no
If no, indication for antipsychotic use:_____

PRESCRIBER INFORMATION

Who currently prescribes the high-/moderate-risk antipsychotic for this client?
☐This clinic ☐Another part of this hospital (specify_____) ☐Outside of this hospital ☐Unknown

Has the client had at least two trials of a lower-risk antipsychotic at an adequate dose for an adequate time?
☐yes ☐no ☐Unknown

CURRENT MEDICATIONS

_____ _____
_____ _____
_____ _____
_____ _____

MEDICATION PLAN

CHANGE

Plan
☐Discontinue _____
☐Begin taper of_____
☐Taper of_____in progress

Plan Supports
☐Define/discuss early warning signs of relapse
☐Use rating scale_____
☐Call to check in on client
☐Increase therapist/RN involvement
__telephone check in
__discuss med concerns/adherence at next appt.
__meet with client/family/social supports
__increase frequency of visits
☐Offer medication education groups
☐Other _____
_____

Notes: _____
_____
_____
_____
_____

NO CHANGE

Rationale
☐Client released from hospital in past 3 months
☐Client prefers to stay on current regimen
☐AOT order specifies current regimen
☐Medication prescribed by outside provider
☐Unsuccessful attempt to change medication regimen in the past 3 months
☐2 previous trials of lower-risk antipsychotics at adequate dose for adequate time
☐Client has history of serious violence to self or others
☐Other_____

Plan to address barriers to change
☐Reassess in ____months
☐Therapist to engage client around fears
☐Provide medication education materials
☐Contact other prescribers of medication
__contact info in chart
__consent done
☐Offer medication group/peer support
☐Other_____
_____

Revised 11/26/2010

Using PSYCKES to Identify Positive Cases

1. Log into PSYCKES and export the Unduplicated Recipients report for the selected indicator (usually the summary) to Microsoft Excel.
2. Make any corrections needed to the data.
3. Sort by clinic/prescriber and distribute
4. In subsequent months, use the PSYCKES New and Dropped Quality Flag reports to target follow-up and update the running list.

Sample New Starts Checklist

GNYHA PSYCKES QUALITY COLLABORATIVE
ANTIPSYCHOTIC MEDICATIONS POSING A RISK OF CARDIOMETABOLIC SIDE EFFECTS

NEW STARTS CHECKLIST

To be completed before initiation of any antipsychotic medication posing a moderate or high risk of cardiometabolic side effects. (For adults: olanzapine, quetiapine, chlorpromazine, thioridazine. For children/adolescents: ALL antipsychotics EXCEPT aripiprazole and ziprasidone.)

Please consider the following before initiating a course of one of these medications:

	Column A	Column B	
1	❑No	❑Yes	Does the client report a diagnosis of any cardiometabolic condition (including diabetes, pre-diabetes, high triglycerides, low HDL, hypertension, obesity and/or cardiovascular disease)?
2	❑No	❑Yes	Is the client taking any medication used to treat the above conditions?
3	❑No	❑Yes	Is there documentation indicating that the client has any of the above conditions, in the medical record (and/or in PSYCKES, if applicable)?
4	❑Yes	❑No	Have you obtained a family history of cardiometabolic conditions and ischemic vascular disease, including age at onset?
5	Do you have the results of the following diagnostic tests for the client, dated within the past 6 months (or as clinically appropriate)?		
	❑Yes	❑No	Fasting glucose level
	❑Yes	❑No	Fasting triglyceride levels / fasting HDL cholesterol level
	❑Yes	❑No	Waist circumference / BMI
	❑Yes	❑No	Blood pressure
	❑Yes	❑No	ECG (if indicated)
6	Based on all of the above data sources, is the client diagnosed with / being treated for / exhibiting signs and symptoms of any of the following?		
	❑No	❑Yes	Diabetes?
	❑No	❑Yes	Pre-diabetes?
	❑No	❑Yes	Hypertriglyceridemia?
	❑No	❑Yes	Obesity?
	❑No	❑Yes	Hypertension?
	❑No	❑Yes	Ischemic Vascular Disease (cardiovascular/ cerebrovascular/ peripheral vascular)?
	❑No	❑Yes	Metabolic syndrome?
	❑No	❑Yes	Strong family history of diabetes and/or ischemic vascular disease with early onset?

If you answered "No" to all items in question #6, then STOP, you have completed this form.
If you have answered "Yes" to any items in question #6, please continue with this form.

7	❑Yes	❑No	Does the client have a psychotic disorder? *If yes, skip to # 9*
8	❑Yes	❑No	(If no psychotic disorder) Has the client had evidence-based psychosocial treatment and/or an adequate trial of a low-risk antipsychotic?
9	❑Yes (Check No if unknown) If yes, specify →	❑No	(If the client has a psychotic disorder) Has the client had a trial of at least ONE medication (for children: one non-antipsychotic medication) that is in the low risk category for cardiometabolic side effects at an adequate dose for an adequate period of time? If yes, please specify:_____

If any boxes in Column B above are checked, please consult with the Program Director/ Medical Director before recommending a course of a moderate- or high-risk antipsychotic medication.
In addition, before initiating the medication regimen, please complete the following steps:

10	❑Yes	❑No	Have the benefits and risks of the proposed regimen, including cardiometabolic risk, been discussed with the client, family and/or legal guardian, as appropriate?
11	❑Yes	❑No	Is the rationale for this medication regimen clearly documented in the chart?
12	❑Yes	❑No	(For children only) Is there a plan to provide concurrent psychosocial treatment? Specify provider(s) and frequency:_____
13	❑Yes	❑No	Is there a plan to monitor the client regularly for changes in cardiometabolic indicators in accordance with the protocol below? Specify provider(s) and frequency:

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Check

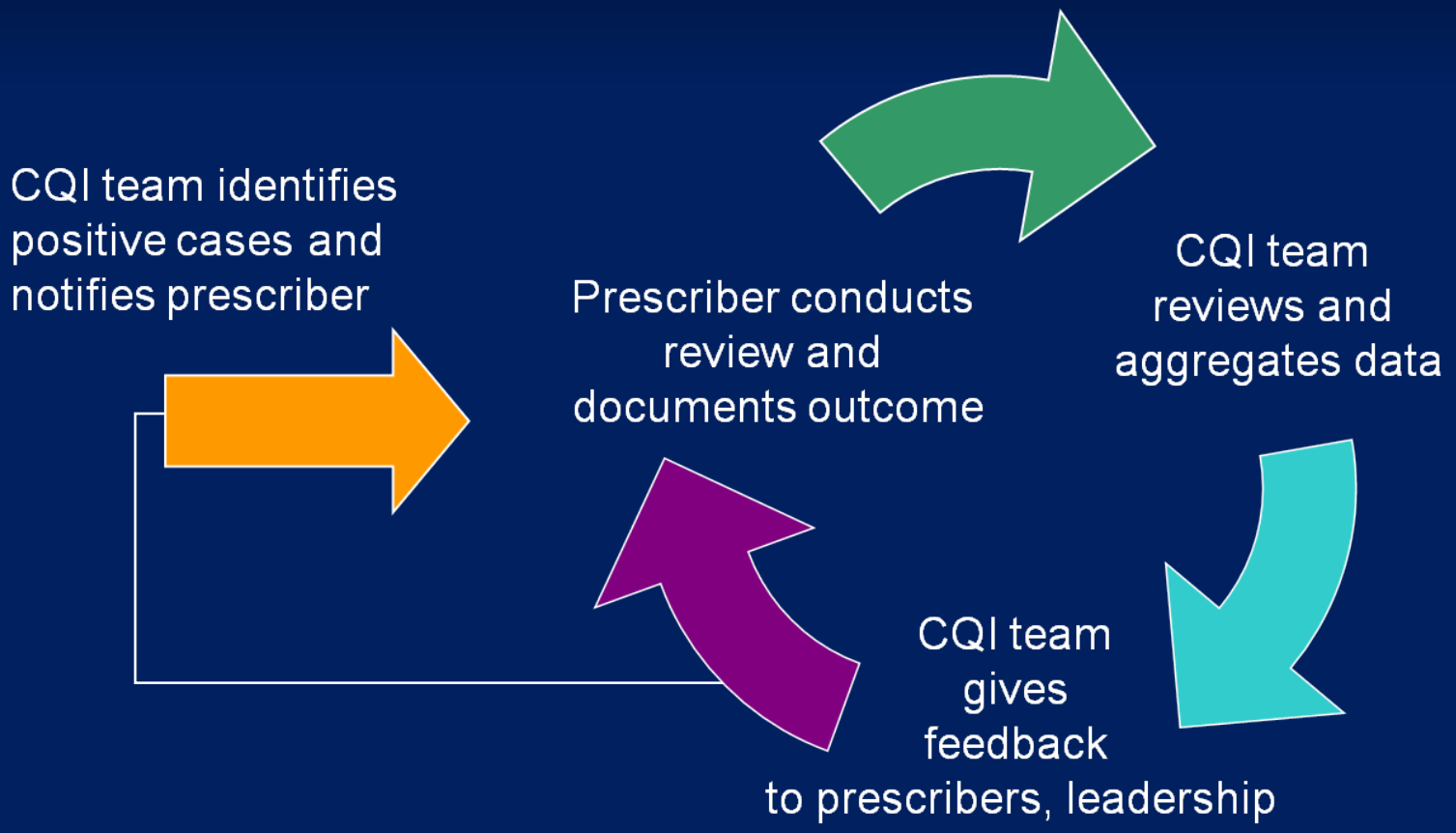
- Meetings (monthly) of QI team to review
  - Data at client, prescriber, and clinic level
  - Trends in performance
  - Progress towards goals
  - Barriers to change
- Meetings to review, share, receive feedback on outcomes with
  - Prescribers and Clinical staff
  - Leadership

Using a Run Chart to Track Progress

Act

- Routinize what’s effective
- Monitor data to maintain gains
- Train new staff
- Modify Action Plan for next PDCA cycle

Data Management Flow



Going somewhere !

Article

International Consensus Study of Antipsychotic Dosing

Objective: Potency equivalents for antipsychotic drugs are required to guide clinical dosing and for designing and interpreting research studies. Available dosing

acting and 10 long-acting parenteral agents. With olanzapine 20 mg/day as reference, estimated clinical equivalency ratios of oral agents ranged from 0.025

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RA1SE

A Research Project of the NIMH

Connection Program

GUIDELINE FOR THE TREATMENT OF SCHIZOPHRENIA AND THE USE OF ANTIPSYCHOTIC MEDICATIONS

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION nyc.gov/hhc

OFFICE OF BEHAVIORAL HEALTH

NHS

National Institute for Health and Clinical Excellence

Issue date: March 2009

Schizophrenia

Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care

This is an update of NICE clinical guideline 1

NICE clinical guideline 82

Developed by the National Collaborating Centre for Mental Health