



Zucker Hillside Hospital (ZHH) Resident Orientation

Psychiatry Residency Program@ ZHH

- One of the largest psychiatric residency programs nationwide
- Rotation in Outpatient Psychiatry occurs in third year (PGY- 3) and fourth year (PGY-4)
- Currently
 - 14 third-year residents (R3s)
 - 14 fourth-year residents (R4s)
- As of July 1st 2011
 - 15 Residents Graduating
 - 20 Incoming R3s



Orienting New Residents

- “Meet & Greet” with PSYCKES Intro
- Welcome to the Rotation Orientation meeting
 - Additional detailed PSYCKES information
- Follow-up discussion in team meeting
- Residents given a list of their newly assigned PSYCKES patients

PSYCKES Further reviewed in Supervision

- Third year residents
 - Biweekly Team Meeting
 - Weekly General Comprehensive Care (GCC) Supervision with attending
 - Weekly Administrative Supervision
 - Weekly GCC Intake supervision
- Fourth Year Residents
 - Weekly General Comprehensive Care Supervision
 - Weekly Advanced Psychopharmacology Intake Supervision

Supervisors

- >30 Psychopharmacology supervisors
 - Ambulatory faculty
 - ZHH Continuum faculty (non ambulatory faculty)
 - Voluntary Psychiatric Faculty

Culture Change

- Metabolic Monitoring Performance Improvement (PI) project predating PSYCKES
- Focus at Grand rounds at ZHH-Collaboration with Dr's Kane and Correll
- PSYCKES as topic for Safety Rounds
 - Inter-departmental awareness
- PICG report out of Metabolic data
- Improve patient awareness with the watermark

How will I know who has been identified?

- PSYCKES database is updated monthly from Medicaid claims data
- ZHH PI team updates our Electronic Medical Record (EMR) monthly with new/dropped patients.
- If a patient has been identified when they check-in their encounter form will print with a watermark “CM Indicator”.
- Patients express interest in the change in encounter forms
- This watermark is meant as an ALERT to review the medications and history and have a discussion with the patient

THE ZUCKER HILLSIDE HOSPITAL
70-05 76TH AVE. NEW HYDE PARK, NY 11040

OUTPATIENT ENCOUNTER FORM
SERVICE: PSYCHIATRY
CLOZ AMBC-CLOZAPINE TREATMENT CLINI

Date of Service: 06/03/2011
Clinician Name: WALCH, TINA
Clinician Code: 007790
Episode Number: 33
Patient ID: 58287

MR 00000087 7/17/1964 M
SVC HOP
DR 007790 WALCH, TINA
AD 7/2/2003 AC 61046367
INS 1 - MCD 2 -

Location: ATTN=4 ___ C&L=9 ___ VR=11 ___ DBT=12 ___ WM-AD=15 ___ WM-CH=16 ___ ACCF=19 ___ OTHER ___

X	DURATION (Minutes)	SERVICE CODE	SERVICE DESCRIPTION	GROUP CODE	DX CODE (ICD 9)
___	___	8707739	Crisis Visit Adult	305	<input type="text"/>
___	___	7708043	Psych Testing	122	
IM INJECTION: SPECIFY BELOW					
___	___	5203476	Therapeutic Injection (IM/SQ)	999	
___	___	7946481	Risperdal Consta 12.5 mg	999	
___	___	7946387	Risperdal Consta 25 mg	999	
___	___	7946388	Risperdal Consta 37.5 mg	999	
___	___	7946389	Risperdal Consta 50 mg	999	
___	___	7915509	Prolixin Dec 25 mg # ___	999	
___	___	7940118	Haldol Dec 50 mg # ___	999	
___	___	7940100	Haldol Dec 100 mg # ___	999	
___	___	8899212	Health Assessment Screening	300	
(# of Hours Only)					
___	___	7710015	NeuroPsych Testing Per Hour	122	
___	___	7710023	NeuroBehavior Status Exam Per Hour	122	

What do I do if I have a PSYCKES patient?

- Review the reason (chart; patient; PSYCKES report)
- Discuss this with the patient / review medication options!!!!
- Choose to continue, decrease, or stop the second generation antipsychotic (SGA) as clinically appropriate
- Document in the PSYCKES tab of the Outpatient Medication Monitoring Progress Note (OPMMPN)

From the EMR input screens

Microsoft PowerPoint - [1residentorientation2011]

AVPMLIVE (LIVE) - TESTING TESTING (000131647)/Outpatient Med Management Progress Note

Page 1 of 2

TESTING TESTING (000131647) Episode: 15 Date Of Birth: 02/02/1958

9. Non-Billable Note	10. Counseling/Coordination of Care	11. Transcription Information	
5. Prescriptions for Active Meds	6. PSYCKES Addendum	7. Next Appointment	8. Therapy/Assessment
1. Administrative	2. Admit/Screen Out Note	3. Medication Management	4. Mental Status Exam

MEDICATION PLAN (If 'No change', go to page 2)

Please indicate your plan to either "Change" current psyckes alert medication or indicate "No change" will be made at this visit.

Change No change

Psyckes "alert" medications (Select most appropriate choice)

- Mellaril
- Seroquel
- Zyprexa
- Thorazine
- Pt on >1 of these psyckes 'alert' meds
- Other (CHILD ONLY please indicate below)

List medications

Other CHILD ONLY

Psyckes "alert" medication status

- Discontinue
- Begin taper off 'alert' medication
- Taper already in process
- Multiple 'alert' medications

Comments

Plan to Support Pt During Transition

- Discuss early sx of relapse
- Increase frequency of visits
- Call to check in on Pt during transition
- Increase clinician involvement
- Offer medication ed or other groups
- Other

Other

Option

Complete

Outpatient Med Management Progress Note

Chart Review

Start | Inbox - Mic... | Untitled - M... | Microsoft Of... | Microsoft Po... | RADplus Cle... | AVPMLIVE ... | 3:37 PM

AVPMLIVE (LIVE) - TESTING TESTING (000131647)/Outpatient Med Management Progress Note

File Edit Favorites Avatar PM Avatar CWS Help

Page 2 of 2

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Rationale for Continuing Current Meds

- Pt released from hospital within 30d
- Pt/Family prefers to stay on current Rx
- AOT order specifies current Rx
- Rx prescribed by outside provider
- Failed appropriate alternatives
- Unsuccessful at changing Rx in past 3 mo
- Hx of violence/suicide stable on this Rx
- Other

Other

Plan to address barriers to change

- Reassess next visit
- Reassess 1 month
- Reassess 2 months
- Reassess 3 months
- Therapist to engage Pt around concerns
- Provide medication education materials
- Contact outside prescriber of medication
- Offer medication group/peer support
- Other

Other

Option

Complete

Outpatient Med Management Progress Note Chart Review

Start Inb... Inb... Inp... FW... CV... Cal... RA... AV... No ... Doc... no ... 12:27 PM

New STARTS

- Review the decision tree launched from the OPMMPN before starting one of these SGA's
- If your patient has a Cardiometabolic risk factor you should carefully consider medication options and (for residents) discuss with your supervisor before initiation a moderate-high risk SGA

SUMMARY/PLAN/ADDITIONAL COMMENTS

METABOLIC RISK MEDICATION PLAN:

There is no change to the medication plan.

Rationale to continuing current medications:

The patient/family prefers to stay on the current medication.
The patient has failed attempts at appropriate alternatives.

Plan to address barriers to change:

Reassess at the next visit

Pt. remains stable and her continued gains are reinforced. she is supported and reassured re:the need for BP meds and that she will likely tolerate them well. Her attempts to be healthy are also reinforced. Strategies for sleep are again reviewed and she is encouraged to use Tylenol PM when needed, even at bedtime.

NEXT APPOINTMENT

Date: 5/16/2011

SUMMARY/PLAN/ADDITIONAL COMMENTS

METABOLIC RISK MEDICATION PLAN:

There is a change to the medication plan.

Patient is currently treated with: Zyprexa with a plan to: begin a taper off the medication.

Plan to support the patient

during this transition:

Increase the frequency of visits

Call to check in on the patient during transition

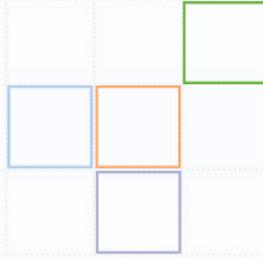
Offer medication education or other groups

Pt. is stable. she is supported and psychoed is done re: metabolic effects of Abilify (and other SGA's) and pt is now concerned enough about her BS that she will agree to adjust the meds. Pt has not done well in the past on Risperdal and Seroquel and refuses any FGA's. She was on abilify briefly 5 yrs ago- she reported feeling "tense" and ? sleep effects when started on 10mg. Therefore, will attempt to start again at a low dose and increase slowly while monitoring. Will request an EKG from LIJ as pt has a hx of a heart murmur and has had an echo in the past but no EKG results are in the current chart but would consider Geodon if EKG is okay and abilify causes SE's. Pt is supported and gains and attempts to eat healthy and walk are reinforced and encouraged.

NEXT APPOINTMENT

Date: 6/15/2011

ZHH Culture



When I say PSYCKES you say.....