

The GNYHA-PSYCKES Quality Collaborative Outcomes Conference

Results of Survey of Current Practices

Edith Kealey, MSW
Kate M. Sherman, LCSW
January 26, 2012



The Survey Instrument

- Quality Improvement Practices
 - Current Practice
 - Plan to start or continue
- Challenges and Strategies
- Impact of Systems Change
- Feedback on Support from the Quality Collaborative
- 16 hospitals responded – THANK YOU!

Challenges and Strategies

Strategies for Reviewing and Changing Medications

Strategy	Number of Hospitals	Mean Rating
Staff training	10	4.3
Give prescribers list of ALL positive cases monthly	7	4.0
Give prescribers list of NEW positive cases monthly	6	4.0
Medical leadership reviews positive cases with prescribers	6	4.0
Flag charts of positive cases	5	4.2

Ratings 1= NOT Effective 5 = MOST Effective

Strategies for Reducing New Starts of High/Moderate Risk Antipsychotics in Clients with Cardiometabolic Risk

Strategy	Number of Hospitals	Mean Rating
Staff training	11	3.5
Implement prior approval review	3	4.7
Implement modified New Starts Checklist in clinic	2	4.5
Outreach to outside sources of new starts	2	3.0

Ratings 1= NOT Effective 5 = MOST Effective

Strategies Focusing on Specific Cohorts of Clients

Strategy	Number of Hospitals	Mean Rating
Start with focus on clients taking Seroquel for sleep	9	4.1
Start with focus on non-psychotic clients	6	4.0
Focus equally on all clients	4	3.5

Ratings 1= NOT Effective 5 = MOST Effective

Most Common Challenges

Challenges to Project Implementation

- Need buy-in from staff (n=7)
- Making prescribers aware of their positive cases (n=5)
- Competing priorities (n=3)

Challenges to Changing Medications

- Client concerns about changing medication (n=14)
- Staff concerns about changing medication (n=9)

Strategies for Achieving Buy-in from Staff

(n=7)

Strategy	Number of Hospitals	Mean Rating
Staff training	6	3.8
Leadership actively supports the project	3	4.3
Share scientific literature with staff	3	4

Ratings 1= NOT Effective 5 = MOST Effective

Strategies for Making Prescribers Aware of their Positive Cases

(n=5)

Strategy	Number of Hospitals	Mean Rating
Assign person to check PSYCKES monthly for new cases	3	4.7
Flag positive cases in paper charts	2	5
Give prescribers list of positive cases regularly	2	3.5

Ratings 1= NOT Effective 5 = MOST Effective

Strategies for Maintaining Momentum with Competing Priorities

(n=3)

Strategy	Number of Hospitals	Mean Rating
Flag positive cases in paper charts	1	5
Regularly review progress with staff	1	4
Assign person to check PSYCKES monthly for new cases	1	3
Share scientific literature with staff	1	3
Outreach to leadership in other areas of hospital/department	1	2

Ratings 1= NOT Effective 5 = MOST Effective

Strategies for Addressing Client Concerns about Medication Change

(n=14)

Strategy	Number of Hospitals	Mean Rating
Client education by prescriber	10	3.5 (range 2-5)
Client education/engagement by therapist/other	6	3.5
Share scientific literature with staff	3	3.3

Ratings 1= NOT Effective 5 = MOST Effective

Strategies for Addressing Staff Concerns about Medication Change

(n=9)

Strategy	Number of Hospitals	Mean Rating
Staff training	3	3.7
Share scientific literature with staff	3	3.7
Leadership communicates importance of cardiometabolic risk	2	5
Leadership involved in related training/ supervision	2	4

Ratings 1= NOT Effective 5 = MOST Effective

Sustaining Gains

CQI Practices Continuing After Project Year Ends

8 Hospitals (50%) plan to continue:

- Providing prescribers with the PSYCKES clinical summary
- Educating consumers at least quarterly about the quality concern
- Re-assessing clients whose medications were not changed
- Evaluating data and implementing new processes to achieve project goals

CQI Practices Continuing After Project Year Ends, cont'd

7 Hospitals (44%) plan to continue:

- Conducting clinical reviews, according to a specified protocol
- Tracking data on the outcomes of clinical reviews
- Notifying the treatment team monthly about positive cases
- Training new staff on relevant aspects of project

Project Impact on Ongoing Operations

Systems interventions **most often** integrated into ongoing operations

- Monitoring clients' cardiometabolic parameters
n=13, 81%
- Training of new staff / residents
n=11, 69%
- Modified electronic medical record (EMR)
n=8, 50% (incl. 1 that modified e-prescribing)
- Continue using PSYCKES to track performance / identify positive cases
n= 8, 50%

Project Impact on Ongoing Operations, cont'd

Other systems interventions commonly integrated into ongoing operations

- Organizational performance measure, management reporting
n=6, 37.5%
- Supervision/ performance reviews of individual staff
n=6, 37.5%
- Modified paper charts
n=4, 25%
- Use of new starts checklist / prior approval review
n= 3, 19%

**Feedback on
Support from the
Quality Collaborative**

Feedback on Support from the Quality Collaborative

Resource	Number of Hospitals	Mean Rating
Site visit by GNHYA-PSYCKES Team	12	4.6 (range 2-5)
Kick-off conference	14	4.4
PSYCKES website	14	4.3
PSYCKES-Help for technical assistance	11	4.3
Quarterly reports of Medicaid data	10	4.2
Relevant scientific information	11	4
Webinars on PSYCKES	13	3.9 (range 2-5)

Ratings 1= Not helpful 5 = Very helpful

Feedback on Support from the Quality Collaborative, cont'd

Resource	Number of Hospitals	Mean Rating
Monthly reports of self-report data	14	3.9
Mid-year conference	13	3.8 (range 2-5)
Webinars on clinical topics	9	3.7 (range 2-5)
Project brochures for consumers/staff	11	3.5
Monthly learning collaborative calls	15	3.5 (range 1-5)
Web-based CME modules	4	3
Onsite or telephone psychiatric consult	2	3

Ratings 1= Not helpful 5 = Very helpful

Question and Answer

■ Resources

- www.psyckes.org
- PSYCKES-Help@omh.ny.gov