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Title: An Assessment of the Documentation of Quality Measures in a Grady Behavioral Health Clinic by Morehouse Residents: A Quality Improvement Study

Patient Safety and Quality Improvement Goals: to provide a comprehensive tracking and monitoring system of outpatient clinic charts in EPIC in order to promote quality improvement of psychiatric services provided at Grady Behavioral Health Clinic regarding patients' metabolic labs, documented AIMS, and documented clinical reasoning for dual antipsychotic treatment.

Objectives: The objective of this study was to provide a qualitative and quantitative self-assessment for the Morehouse residents on their quality standards in the Morehouse Resident Behavioral Health Clinic at Grady. Our objectives were to: 1) Ascertain baseline and follow-up rates of documentation for specific performance areas that are prioritized by the treatment team; and, 2) Determine the impact of improved documentation on quality indicators.   Morehouse's goal of adherence to these standards is 100% and the analysis of the documentation will provide information regarding the actual adherence rate.

Overview: In January 2015, our MSM resident treatment group was reminded of 3 performance measures that Grady Behavioral Health Services required for psychiatrists to have documented in patient's chart. These three items pertained to patients that were being treated with at least 1 antipsychotic medication. The three items were: 1) metabolic labs within 6 months, 2) documented Abnormal Involuntary Movement Scale (AIMS) within 6 months, and 3) documented clinical reasoning for patient on more than one antipsychotic medication.   Complete metabolic labs for this study's purpose are defined as a Lipid Panel in addition to either a HbA1c level OR glucose level from a complete metabolic panel (CMP). We aim to identify feasible strategies to support improved patient care and remind providers of the importance of compliance with up –to-date documentation guidelines.

Target Population: Our sample is comprised of patients seen in one Grady Behavioral Health Clinic by four PGY-2 psychiatric residents from Morehouse School of Medicine during November and December 2014. Patient care visits held in November and December were essential to capturing comprehensive data relative to labs/data from the previous 6 month period (July 2014-December 2014) and then the same charts were reviewed to see if labs were done again between May and June of 2015 and these data points were also recorded.

Inclusion and Exclusion Criteria: All MSM resident patients who were being seen in Grady Behavioral Health clinic and were being treated with at least one antipsychotic medication in November and December 2014 are included in this study regardless of age, race or gender. Patients who were seen in

November and December 2014 but did not return to clinic for follow up between the period of May and June of 2015 are excluded from this study and were considered as "lost to follow up".

Data Collection: Electronic medical records from Grady's EMR system EPIC were reviewed. The following information was obtained from patients' charts and data will be put into a secured database.

      1) MSM resident name

      2) Date of Visit in Grady Behavioral Health Clinic

      3) Patient Name

      4) MRN

      5) Diagnosis

      6) Data from November - December 2014

            a. # of antipsychotics

            b. date of last CMP

            c. date of last HbA1c

            d. date of last lipid panel

            e. date of last AIMS

            f. whether or not clinical reasoning documentation is present in visit progress note for patient on more than one antipsychotic

      7) Data from May- June 2015 (encompassing previous 6 months)

            a. # of antipsychotics

            b. date of last CMP

            c. date of last HbA1c

            d. date of last lipid panel

            e. date of last AIMS

            f. whether or not clinical reasoning documentation is present in visit progress note for patient on more than one antipsychotic

Data Analysis Plan: Data analyses will be carried out through the use of the Statistical Package for the Social Sciences. Basic descriptive statistics such as frequencies, mean, standard deviation, standard error of the mean, range, proportion and 95% confidence intervals will be used to describe continuous and/or nominal or categorical variables.

Implications: Patient safety and quality measures emphasized by Grady Health System in Behavioral Health included the need to assess, evaluate and maintain documentation of metabolic labs, AIMS and clinical documentation on patient. These measures are regarded to be Psychiatric Best Practices and were identified as key components of the behavioral health charts by JCAHO standards. By maintaining and continuously assessing these with their patients, psychiatrists are better able to identify potential medical and metabolic side effects that are common for many antipsychotic medications that are commonly used in behavioral health. By maintaining and following these quality indicators, Morehouse residents will be better able to serve their psychiatric patient population and maintain the highest standards patient safety and quality care. The results of this study will better help the Morehouse residents analyze and assess their own adherence to quality standards. If the 100% goal of adherence is not met, we would propose suggestions and practices to better help and remind residents of these quality standards on an ongoing basis. By first assessing the Morehouse clinic, we will also be able to use the results to generalize the findings to help and support these quality measures in the rest of the

Behavioral Health Clinic to continue provide the highest quality of care for patients in the Grady Health System.

NOTE: This poster is based on a primary PS/QI research project being investigated by 2 psychiatry residents with 2 faculty supervisors/co-investigators at Morehouse School of Medicine. It has not previously been submitted or presented for publication.