



Clinical Audit Monitoring of Antipsychotics

RNZCGP endorsed for audit of medical practice
- formerly known as CQI points

Background

Patients with serious mental illness have increased rates of metabolic disturbances such as obesity, diabetes and dyslipidaemia. They are also at increased risk of medical illness, particularly cardiovascular disease. Treatment with some antipsychotic medications can cause or aggravate these disorders.¹

Guidelines recommend that certain medications have specific regular monitoring^{2 3 4}. This audit measures routine metabolic monitoring e.g. Weight/BMI, HbA1c, and lipids for a random set of patients who had been prescribed specific antipsychotics in the last 12 - 18 months. Secondary measurements include whether the patient has a primary indication for the medication and is on regular recall system.

Recommendations

Parameter	Baseline	Monthly	Annually	Comments
Weight/BMI	√	Monthly during first three months and then annually	√	Patients taking olanzapine, monitor every three months for the first year, then annually.
HbA1c	√		√	If taking olanzapine, also test after the first month and three-monthly for rest of year.
Lipids	√		√	Patients taking olanzapine monitor every three months for the first year, then annually.
Blood Pressure	√		√	Baseline, annually and during titration. Not mandatory for amisulpride, and aripiprazole.
LFTs	√		√	Baseline, then annually. Amisulpride and ziprasidone do not require LFT.
FBC, Electrolytes and serum creatinine	√		√	Review ongoing use of all antipsychotics if CrCl < 30ml/min.
Prolactin	√		√	Initially, at six months, then annually.
CVRA	√			Annually for all patients with schizophrenia.
Recall system	√			Patients are on a recall system for monitoring.

Note: Antipsychotics should be used with caution in patients with CVD. An ECG may be required especially with amisulpride

¹ Best Practice Issue 3 Monitoring for metabolic disorders

² Waitemata DHB Safer Use of High Risk Medications: Atypical Antipsychotics

³ NZ Formulary <http://nzf.org.nz> [accessed 3 May 2017]

⁴ Saferx Atypical Antipsychotics – Safe Prescribing – better but not perfect

Audit Plan

Check (analyse data)

Run a query to identify patients who have been initiated on the following antipsychotic medications at least 12 months ago. This set of data will include patients from different ethnicities and age groups.

- Olanzapine
- Quetiapine
- Risperidone
- Paliperidone
- Aripiprazole
- Amisulpride
- Ziprasidone

GPs are then asked to capture monitoring against each patient on the reporting sheet (data collection for audit).

Every GP will look at their own data for their enrolled patients and audit those who have started treatment within that time. Once collated, the practice will look at gaps, discuss as a team, make an action plan and make changes based on this.

Note: Clozapine is not being audited as there are special monitoring systems set up when prescribing this medication.

Indicators

This is an initial audit, which sets a baseline for improvement. The second pass looks to identify improvement from the baseline.

Sample size

The number of eligible patients will vary per practice. A maximum of 20 patients per GP should be audited.

Second pass aims

- 90% of all patients have had baseline monitoring for all seven parameters and this has been documented in the notes
- 100% of patients have a primary indication for medication
- 90% of patients on atypical antipsychotics have had regular monitoring for the first three months
- 100% of patients are on a recall for monitoring

Identifying opportunities for continuous quality improvement

Taking action

The first step to improving medical practice is to identify where gaps exist between expected and actual performance and then to decide how to change practice.

Decide on a set of priorities for change and develop an action plan to implement any changes.

It may be useful to consider the following points when developing an action plan.

Problem solving

- What is the problem or underlying problem?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers

- Identifying barriers can provide a basis for change.
- What is achievable? What are the external pressures on the practice and discuss ways of dealing with them in the practice setting.
- Develop a priority list and action plan.

Effective interventions

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change.
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour.

Some questions to ask

- Is there an indication for the patient?
- If the medication is being used off label, have all criteria been met (e.g. informed consent) and is the medication still appropriate?
- Is there a regular recall set up for patients?
- When is it appropriate to exclude a patient from monitoring?
- Is there a referral to a clinical pharmacist for a medication review, if appropriate?

Monitor

It is important to review the action plan against the timeline at regular intervals with the practice team.

It may be useful to ask the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed at least 6 months after completing the first cycle.

How do I get my MOPs credits?

This audit has been endorsed by the RNZCGP as an audit of medical practice activity (previously known as Continuous Quality Improvement (CQI)) for allocation of MOPs credits; 10 credits for a first cycle and 10 credits for a second cycle. General practices taking part in this audit can claim credits in accordance with the current MOPS programme.

All GPs must complete the data collection sheets and the RNZCGP summary sheet (see Appendix A). An online version of this can be found here: <http://bit.ly/2ujLVl3>

Please retain these records to provide evidence of participation in this audit. Note, if you send this information to Pinnacle MHN, we will not keep this information.

To claim points, go to the RNZCGP website: www.rnzcgp.org.nz

Record your completion of the audit on the MOPS online credit summary, under the Audit of Medical Practice section. From the drop down menu, under 'Type of activity' select Approved practice/PHO audit and record the audit name in 'title' then follow the other prompts.

Data collection for audit first pass

NHI	Age	Gender	Ethnicity	Medication	Primary indication for use	READ coded Y/N	Weight	Glucose/HbA1c	Lipids	BP	LFTs	Electrolytes	Prolactin	CVRA	Metabolic Monitoring up to date [full (F), partial (P) or Nil]	Comments

To capture

- % of all patients have had baseline monitoring for all seven parameters and documented in the notes
- % of patients have a primary indication for medication
- % of patients on atypical antipsychotics have had regular monitoring for the first three months
- % of patients are on a recall for monitoring

Data collection for audit second pass

NHI	Age	Gender	Ethnicity	Medication	Primary indication for use	READ coded Y/N	Weight	Glucose/HbA1c	Lipids	BP	LFTs	Electrolytes	Prolactin	CVRA	Metabolic Monitoring up to date [full (F), partial (P) or Nil]	Comments

- To capture**
- % of all patients have had baseline monitoring for all seven parameters and documented in the notes
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 - % of patients are on a recall for monitoring

How do I get Quality points?

There are three points available through Quality 2017-2018 on completion of both cycles of the audit. Please complete all relevant sheets but **only submit the page below and email to quality.team@pinnacle.health.nz**. (We will only use this data in an anonymised way to report back at a network level.)

Antipsychotic audit

Practice Name:

List names of GPs who took part in audit:

-
-
-
-
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Criteria	First Pass Audit	Second Pass Audit	Change
% of all patients who have had baseline monitoring for all eight parameters			
% of all patients who have a primary indication for medication			
% of patients on atypical antipsychotics have had regular monitoring for the first three months			
% of patients are on a recall for monitoring			



SUMMARY SHEET

Audit of medical practice (CQI activity)

Topic:	Date:
Activity designed by (name of organisation, if relevant):	
Doctor's name:	
Results discussed with peer group or colleagues? Yes No	Date:
FIRST CYCLE	
DATA: Date of data collection:	
CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)	
ACTION: Describe how these improvements will be implemented.	
MONITOR: Describe how well the process is working. When will you undertake a second cycle?	

SECOND CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working.

COMMENTS: