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**Case for change**

**Patient Death**  
In 2013, a patient died in custody of a fatal cardiac arrhythmia. The patient was prescribed three psychotropic medications and weighed 199kgs.

**Coroner's Investigation**  
In 2017, the coroner's investigation found that the prescribing of multiple concurrent psychotropic medications and the lack of metabolic monitoring had contributed to his death.

**Internal Audit**  
In 2018, 165 patient health records were audited. The results were non-compliant with the Network's metabolic monitoring guidelines.

**System Issues**  
The Network has developed multiple platforms and sources of information over time for metabolic monitoring. This has caused inconsistency and confusion.

**Goal**  
To identify the risk of metabolic syndrome in patients prescribed psychotropic medications to inform safer prescribing within the Network by December 2020.

**Objectives**

- To increase the number of patients with a metabolic monitoring electronic health record (PAS) alert from 24.9% to 50% by December 2019.
- To increase the number of patients with a metabolic monitoring waitlist from 0%\* to 50% by June 2020.
- To increase the number of patients with a metabolic monitoring assessment in the electronic health record (JHeHS) from 4.4% to 50% by December 2020.

**Method**

60% of medication charts did not have PAS Alerts for Metabolic Monitoring

Methods
Staff consultation in other custodial settings (n=6)
Staff consultation in Long Bay Hospital and the Forensic Hospital (n=38)
Staff consultation in Long Bay Hospital (n=38)
Staff interviews / surveys (n=102)
Process mapping workshops (n=9)
Medication chart audits (n=2123)
Root cause analysis workshop (n=1)
Data analysis

**Solutions**

Solutions	Improvements needed
Solution 1: Fit for purpose JHeHS form	A new form has been drafted based on the feedback received during our solutions workshops.
Solution 2: Standardised handover script	A script has been created using the ISBAR tool with medical and nursing staff.
Solution 3: Dedicated metabolic monitoring clinic	A dedicated metabolic monitoring clinic that is a one stop shop to complete a comprehensive assessment.
Solution 4: Review of ECG results	Review options for ECG results and this includes outsourcing.



**Psychotropic Medications and Metabolic Monitoring**

"This is enhancing our skills as Primary Health Nurses. I wouldn't have been interested in metabolic monitoring before this" - Nurse

"I saw a patient today who had not had Metabolic monitoring since 2016" - Nurse

"I MUST ask the nurse if I need to hear any tests or checks..."

"I am taking medications for my depression, anxiety, mood, mental illness..."

"I like getting all my tests done in one go" - Patient



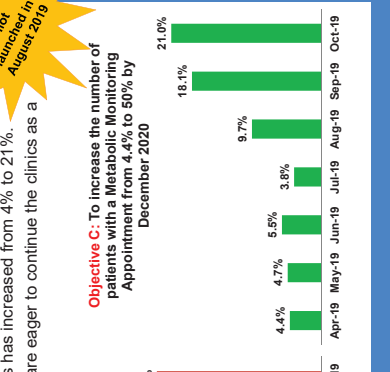
**Results**

The number of patients with a Metabolic Monitoring PAS alert has increased by 61% since the implementation of nurse led clinics in pilot sites, exceeding the expectations for Objective A.

The number of patients prescribed a psychotropic medication who now have a metabolic monitoring waitlist appointment has increased to 59%, exceeding the goal of Objective B by almost 10%.

The number of patients now receiving comprehensive Metabolic Monitoring assessments has increased from 4% to 21%.

Staff and patients have expressed positive feedback in regards to the new process and are eager to continue the clinics as a regular scheduled clinic.



**Diagnostics**

We identified the following:

- Lack of identification of patients requiring metabolic monitoring
- Metabolic monitoring guidelines (psychotropic medication guidelines) and business processes
- Electronic clinical documentation of metabolic monitoring results (JHeHS form) not fit for purpose

**PAS Alerts for Patients Prescribed Psychotropic Medications**

60% of medication charts audited had one or more psychotropic medication prescribed

**Sustaining change**

A psychotropic medication audit has been created in the Quality Audit Reporting Systems (QARS) that will identify patients who require metabolic monitoring.

Following pilot, to sustain change, the metabolic monitoring nurse led clinic will need to be rolled out to all Network sites.

**Conclusion**

The solutions can be transferred between sites across the Network and would be applicable to external health services. The solutions identified focus on a system-wide approach to meet the needs of both patients and staff.

It's important to understand the culture and climate of the environment where the change is occurring and the impact change creates on different professional groups. Change does not occur in isolation.

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