

Antipsychotic monitoring within the Home Treatment Team in the Southern Trust, a Quality Improvement project.

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BACKGROUND

Home Treatment Crisis Response (HTCR) teams work as an alternate to hospital admission for many acutely mentally unwell patients.

The Royal College of Psychiatrists has a specialist group called the Home Treatment Accreditation Scheme (HTAS) that has published a set of best practice recommendations for HTCR teams across the UK [1].

Atypical antipsychotics are often prescribed in this setting. Although beneficial to many patients, these medications have metabolic side effect profiles which can increase patient's risk for heart disease, stroke, morbidity and mortality [2][3].

As of yet, the HTCR team in the Southern Trust is not accredited. We decided to focus on the standard regarding antipsychotic monitoring in order to assess whether our current practice was up to HTAS standard and make changes to our service if not.

AIM

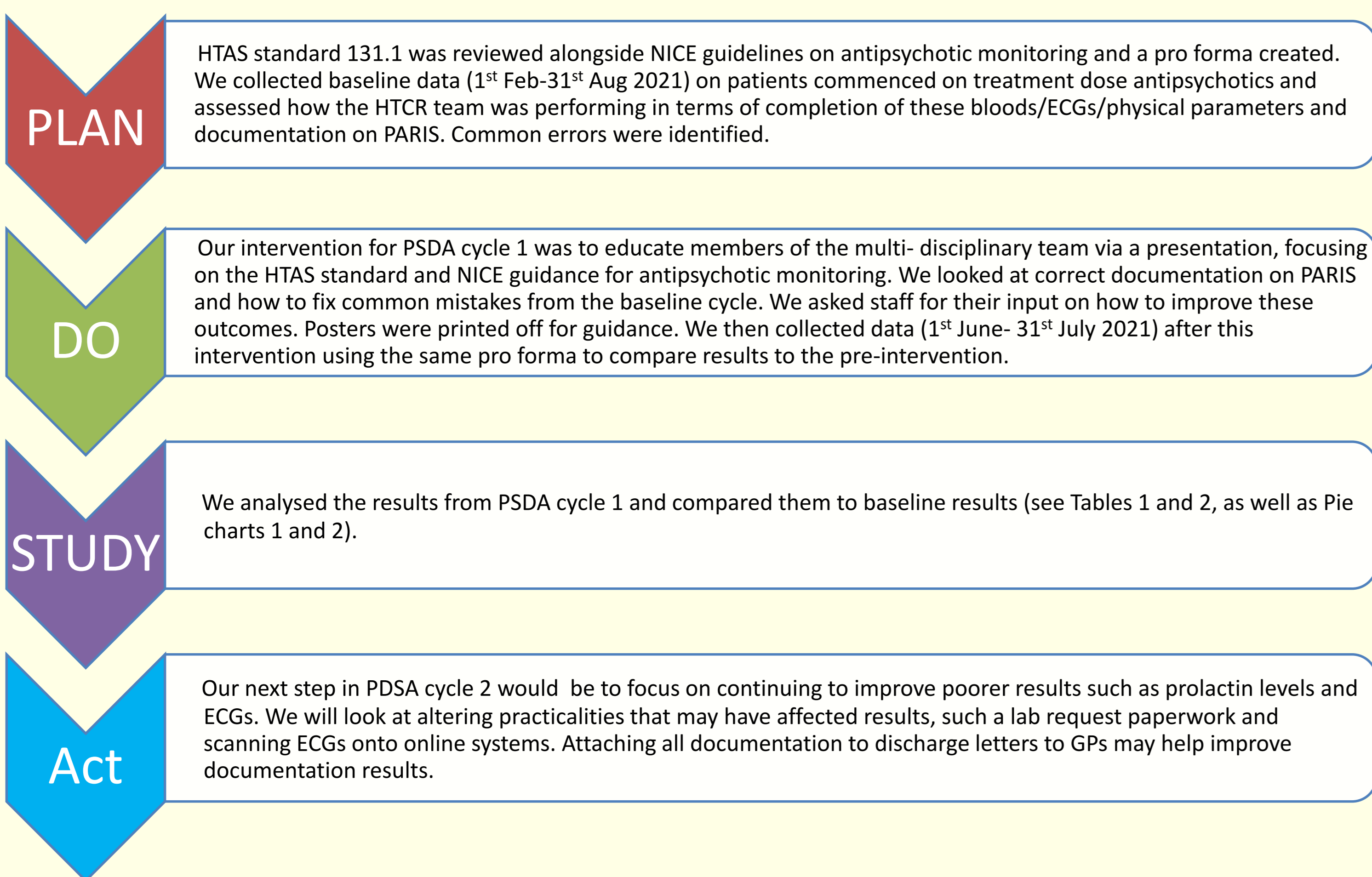
Standard 131.1 of the HTAS recommendations states "Patients who are prescribed... antipsychotics are offered and encouraged to have the appropriate physical health assessments at the start of treatment and continued as per NICE guidance"[1].

We decided therefore to look at completion of bloods, physical health parameters and ECGs within the HTCT team, as well as evidence of these results being documented.

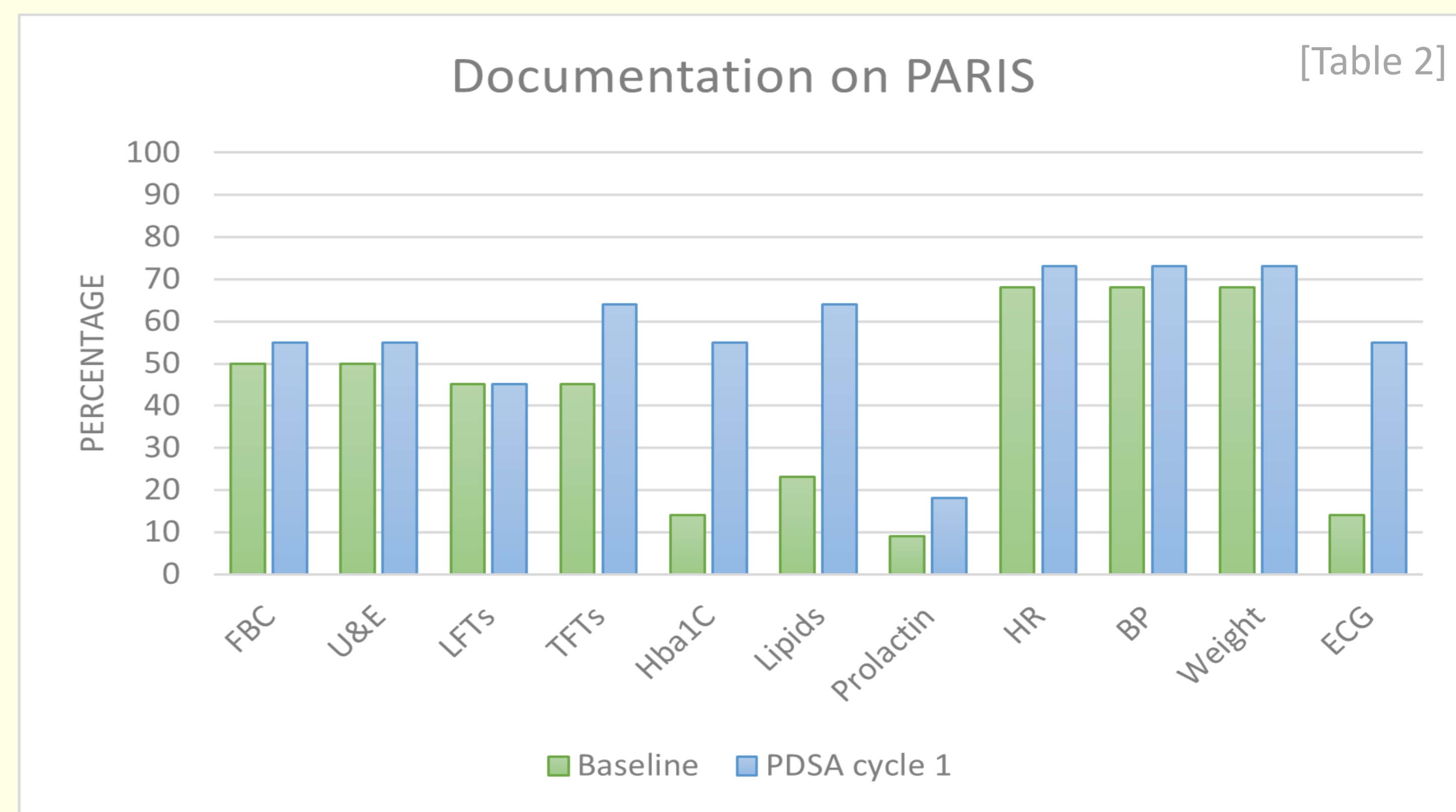
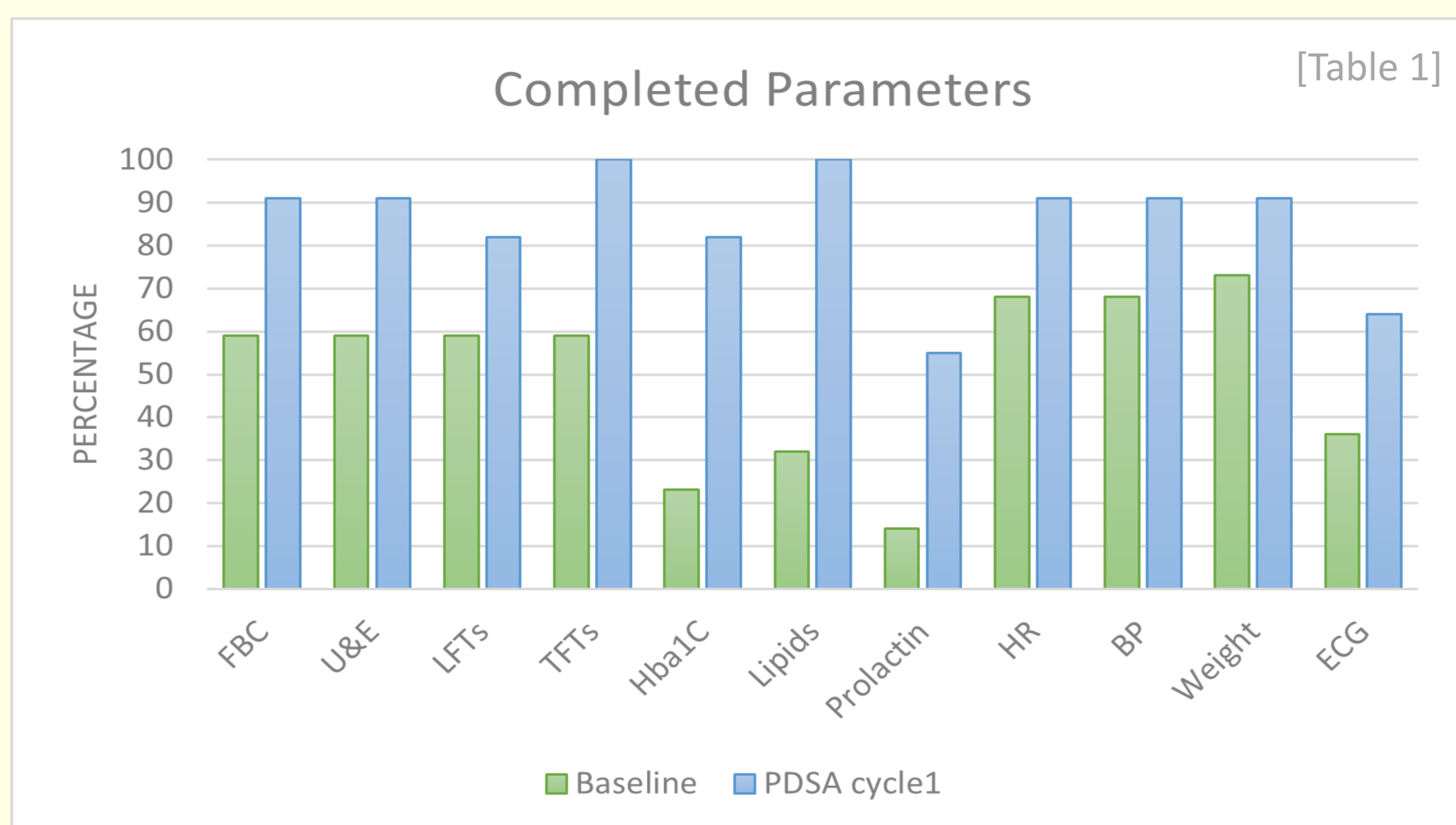
Within the Southern Trust, patient information is recorded on a system called PARIS. There is a section called the "Health Passport" which holds information on bloods, investigations and physical monitoring. We decided to use this as proof of documentation on our pro forma.

SMART aim: All patients (100%) within the Home Treatment Crisis Response Team (HTCRT) commenced on antipsychotics are receiving an appropriate level of blood and physical monitoring as recommended by guidelines and these are being documented correctly within 10 days of discharge.

METHODS



RESULTS



RESULTS

Table One illustrates completed parameters as recommended by NICE; baseline data showed between a 14- 59% completion rate for various baseline bloods, 68-72% completion rate for HR/BP/weight and a 36% completion rate for ECGs. Following PSDA cycle 1, this improved to between a 55 – 100% completion rate for baseline bloods, a 91% completion rate for HR/BP/weight and a 64% completion rate for ECGs.

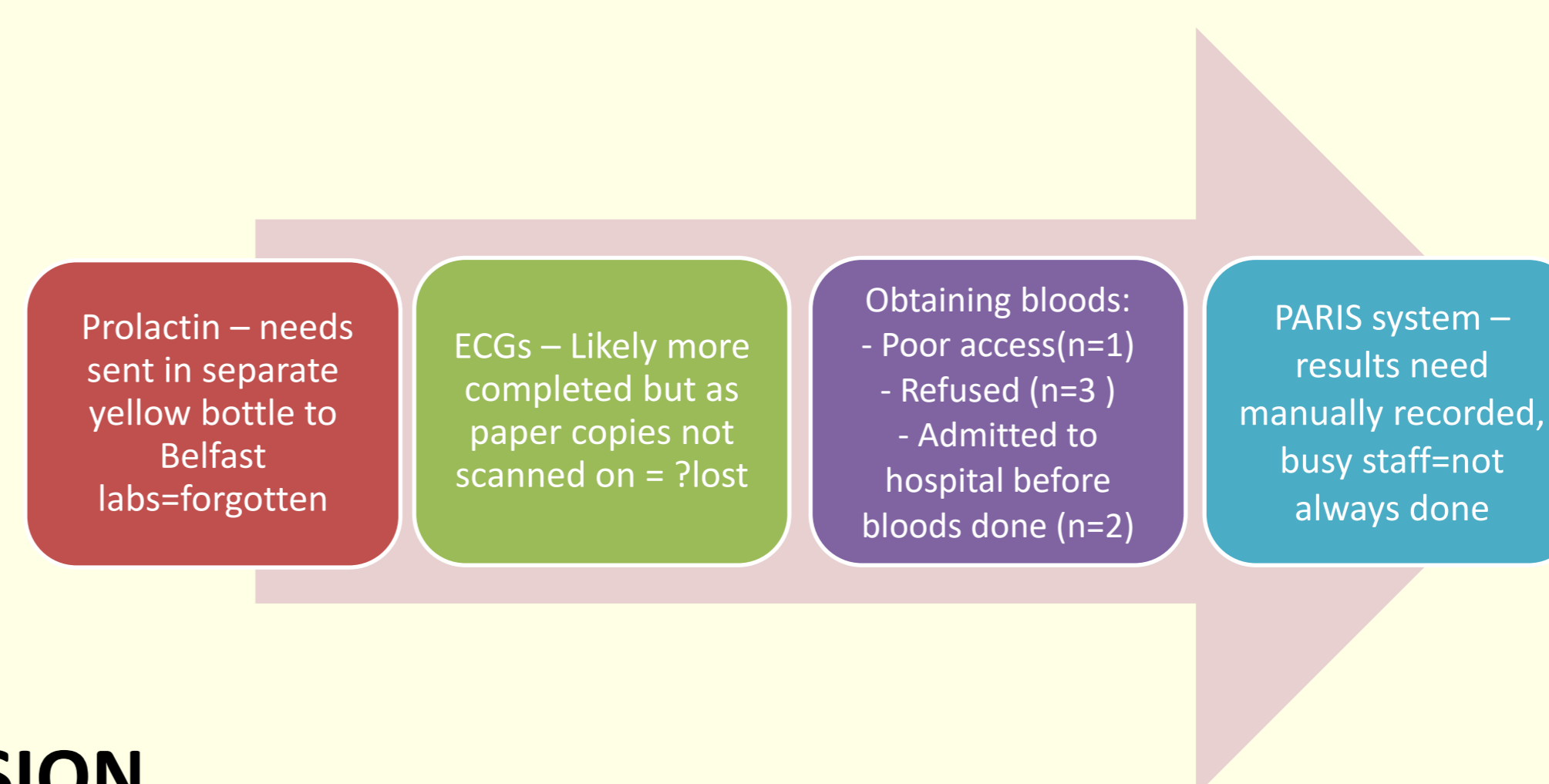
Table Two illustrates documentation on PARIS; baseline documentation of these parameters was correctly recorded between 9 – 68% of the time. This overall improved after PSDA cycle 1 to 18 – 73%, in particular HbA1c, lipids and ECGs were much more well documented than before.



The pie charts above show the patients in the HTCR team commenced on treatment dose antipsychotics from Feb – April (n=22) and June - July (n=11) 2021 respectively. In both cycles olanzapine was the most commonly prescribed antipsychotic. Despite its well-known efficacy, it is recognised to have one of the higher rates of metabolic syndrome out of the atypical antipsychotics [4]. This indicates to us again how important it is to monitor bloods and physical parameters in order to identify developing metabolic symptoms and treat accordingly.

DISCUSSION

Several difficulties were identified leading to lower results in certain areas;



CONCLUSION

To date our intervention from PSDA cycle 1 improved completion of bloods, physical parameters and ECGs as seen above. Documentation also improved in all areas.

Our next step in PSDA cycle 2 would be to focus on continuing to improve poorer results such as prolactin levels and ECGs. We will look at altering practicalities that may have affected results such as lab request paperwork and ease of scanning ECGs onto PARIS. Attaching all documentation to discharge letters to GPs may help improve results as this may trigger staff to check letters before sending them off – this may also help improve communication with primary care.

We hope overall this project will bring the HTCR team in the Southern Trust closer to improving patient care and gaining accreditation with HTAS.

REFERENCES:
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 [4] T. Pillinger, R. McCutcheon, L. Vano, Y. Mizunio, A. Arumuham, G. Hindley et al. Comparative effects of 18 antipsychotics on metabolic function in patients with schizophrenia, predictors of metabolic dysregulation, and association with psychopathology: a systematic review and network meta-analysis. *The Lancet*. 2019, December 17 [https://doi.org/10.1016/S2215-0366\(19\)30416-X](https://doi.org/10.1016/S2215-0366(19)30416-X)