

# Benchmark

## St. Bernards Medical Center Improves Performance with Staff Education

Most common drug labels warn us about mixing medications. Now imagine what the risks must be for intermingling more powerful antipsychotics. According to the rationale for The Joint Commission's quality measure addressing use of multiple antipsychotics in its Hospital-Based Inpatient Psychiatric Services (HBIPS), measure set, research studies have found that 4%–35% percent of outpatients and 30%–50% of inpatients treated with an antipsychotic medication concurrently received two or more antipsychotics. This antipsychotic polypharmacy can lead to greater side effects, often without improving clinical outcomes. In response, stakeholders have called for efforts to reduce unnecessary use of multiple antipsychotics, recommending the use of a second antipsychotic only after multiple trials of a single drug have proven inadequate.<sup>1</sup>

St. Bernards Medical Center has successfully reduced antipsychotic polypharmacy of antipsychotics during the last few years. Based in Jonesboro, Arkansas, St. Bernards is a general medical and surgical hospital that sees nearly 60,000 patients visit the hospital's emergency room a year.<sup>2</sup> Its Behavioral Health Services and Counseling Center includes a 60-bed acute care psychiatric unit that provides treatment for adult and older adult patients suffering from mental health disorders. Adults and geriatrics are segregated into two separate areas of the unit, with 32 beds allocated for the adult population (18 to 64 years of age) and 28 beds for the older adult population (65 years and older). Staff at the behavioral unit includes four on-site psychiatrists, along with nurses and licensed therapists, who develop treatment plans for patients on an individual basis.<sup>3</sup>

### Creating a Staff Education Program

By collecting and analyzing their monthly HBIPS performance data, staff at St. Bernards Medical Center identified an opportunity for improvement of its performance on the HBIPS-5 measure, which states that justification must be present when multiple antipsychotic medications are prescribed at discharge.

The seeds of the education plan began in 2010, when former Quality Manager Tanya Walker reviewed the data with the hospital's behavioral health staff and determined that antipsychotic medications were being issued without



*Effective management of antipsychotic drugs is essential to the safety of patients who use these medications.*

the proper justification in the adult psychiatric unit. The primary concern? A lack of knowledge.

"The problem was education as a whole," says Keisha Pattillo, current quality data abstractor for St. Bernards Medical Center. "They were sending patients home on two antipsychotics that you couldn't find justification for. They would generically say that they failed the monotherapy, which is an acceptable reason, but to do that you have to list at least three failed trials of medication by name. We weren't always getting that."

To address this problem, Walker realized she'd have to work with the behavioral health staff to implement an educational action plan that would improve discharge planning procedures.

“She approached the behavioral health staff. They are considered another floor of our hospital but they are housed down the street from us. So it takes a little bit of effort to get together with them,” Pattillo said. “But she went to them because they had a full-time educator who trained all new staff who came in.”

Jessica Camp was that the clinical educator at the time. Currently she is on the Utilization Review Team at St. Bernards, but remembers the genesis of the education program, which included training for all staff on best practices regarding multiple antipsychotics at discharge, as well as the appropriate justification for continuing patients on multiple antipsychotics.

To kickstart the program, Camp says it was important to determine who required education on the measure. New hires automatically received training, but it was more individually focused for staff who had been working at the medical center for years. Camp says that part of her job was to look for the people who didn't appear to understand the process, based on the documentation they submitted on antipsychotic use.

“We just did it on a case-by-case basis. So, if we ran across somebody who didn't understand that going home on two antipsychotics was an issue, then we sat down and talked to them,” Camp says. “If we saw charts that maybe didn't go the way we thought they should as far as that measure, then we'd go talk to them one-on-one about that case.”

Camp says that the education team was able to effectively engage physicians and get buy-in for the plan, but there was some resistance at first. “Physicians who had been practicing for 20 years were like, ‘Why do we have to do this?’

Fortunately, Camp says some younger physicians were hired during the last year she was part of behavioral health staff and they were more familiar with the measure, having

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Quality data abstractor  
for St. Bernards Medical Center

just graduated. “They weren't as resistant to it because they had already seen it,” she says.

## Plan in Action

Today the education program on antipsychotic medications is ongoing. In addition to the training, up-to-date lists of antipsychotics are sent to the behavioral health unit each year, and Camp says there are monthly physician team meetings and staff meetings with the nurses that address the issue. These meetings serve as an important reminder to the staff whenever they see somebody being discharged or someone who needs something in their discharge plan addressed.

The action plan implemented at St. Bernards Medical Center has yielded excellent results. For the last three years, behavioral health services has maintained a 100% rating on its core measure. Since 2009 only one month (November 2011) has seen a rating dip lower than 100. According to Pattillo, the drop was the result of two charts not meeting the core measure.”

Pattillo says that St. Bernards plans to continue its success without reinventing the wheel. But along the way, they have added a few additions to the process to keep the wheel on straight.

Along with the up-to-date lists of antipsychotics, Pattillo makes sure to send a copy of the center's rules and any core measure rule changes to all directors and educators so they can help physicians double-check their work. “If the patient failed monotherapy you have to list at least the three medications, or if you have a cross-taper plan you have to list the names of the medications that you are going to decrease or increase,” Pattillo says. “Sometimes we have to remind the physician that something needs to be documented on

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the order or the discharge summary,” Pattillo adds. “But we don’t have a high turnover with physicians [in behavioral services], so we don’t really see a problem with it.”

When it comes to assessing data to ensure that everyone is staying on top of the measure, Pattillo says she looks to the charts to identify any potential problems. St. Bernards relies on their vendor to sample medical charts for them. “Now I just log in and extract what they’ve given me,” Pattillo says. Depending on the census, I have anywhere from 20 to 40 psychiatric charts a month I look at.”

Pattillo adds that out of those 20 to 40 charts there may only be a handful of patients each month who are discharged home on more than one antipsychotic.

## Continuing Success

Continuing a 100% rating on measure HBIPS-5 means the lines of communication with the behavioral unit need to remain open. Pattillo has made a point to keep them clear. “The behavioral health unit has a new director. I sat down with her one-on-one to go over the whole hospital-based, inpatient psychiatric measure. We’ve gone over it in detail,” she says. “Each month if there is any aspect of it that is not 100%, then I send her a drill-down. It will have the chart number and the nurse responsible, if I can drill it down to an individual. Then they do a one-on-one counseling with that person.”

Pattillo is happy to report that the behavioral health unit is staying on top of the issue, actively looking at charts as the patients are being discharged, or sometimes prior to discharge, and catching most problems early on. “They have a UR [Utilization Review] case manager and she tracks all the charts,” Pattillo says. “If there are any that don’t meet that measure, she tries to correct them before they even get to me.”

With the success of the core measure in the adult psychiatric unit, Pattillo says St. Bernards is now looking to duplicate the educational program in the geriatric section of its behavioral health unit. “We are having a little trouble with it. So we are extracting this measure and hammering on it now with staff education,” Pattillo says. “Different nurses work on the geriatric unit, and different nurses work on the adult unit, so it’s almost like reeducating all over again because their nurses are not used to it. But I feel we have a good handle on it now.” **TS**

## References

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*Educating staff about performance measures can help improve performance.*