Improving Documentation of Dyskinesia Side Effects for Patients on Atypical Antipsychotics

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RIP PROJECT

Background

According to the American Academy of Child and Adolescent Psychiatry (AACAP), practice parameters for the use of atypical antipsychotic medications (also known as neuroleptic medications) in children/adolescents should include a measurement of movement disorders utilizing a structured measure, such as the Dyskinesia Identification Condensed Users Scale (DISCUS) or the Abnormal Involuntary Movement Scale (AIMS). Some of the most serious side effects of atypical antipsychotic medications are movement disorders such as tardive dyskinesia (TD). Close monitoring of symptoms of TD is warranted. Monitoring of these symptoms is generally performed and documented during return visits of continuity patients, however a consistent process among all physicians does not yet exist.

Specific aims

The Developmental-Behavioral Pediatric (DBP) service aims to increase the rate of documentation of dyskinesia side effect monitoring using the DISCUS or AIMS in Continuity Clinic patients ages 0-18 years that are prescribed atypical antipsychotic medications by 10% in FY23 as compared to baseline data. We will accomplish this by 3/2023. This is important to improve the ***culture of safety*** and positively ***impact*** children with neurodevelopmental disorder.

Design/Methods

Nursing staff will identify patients on neuroleptic medication during intake and med review, and include the DISCUS or AIMS questionnaire when rooming patients. Fellows will ensure appropriate DISCUS/AIMS EPIC smart phrase is shared with all physicians. Following implementation of above interventions, physicians will retrospectively review up to 10 charts and record whether a DISCUS or AIMS was documented in the most recent note. This data will be compared with pre-implementation patient visits.

MUSC Pillar Goal: Increased Culture of Safety

RESULTS

At the end of the QI cycle, all six physicians improved their neuroleptic documentation from their personal baseline, and as a department, we met our goal of documenting neuroleptic side effects in at least 85% of charts with a total of 88%. Our department improved overall documentation of neuroleptic side effects from 61% to 88%

DATA

Table 1. Baseline and Final Charts and Percentages Reviewed

Physician	Baseline Charts w/ Documentation	Baseline Percentage of Charts w/ Documentation	Final Charts w/ Documentation	Final Percentage of Charts w/ Documentation
1	1/1	100%	10/10	100%
2	1/3	33%	4/5	80%
3	5/5	100%	4/4	100%
4	9/10	90%	6/6	100%
5	4/10	40%	6/10	60%
6	0/4	0%	6/6	100%
Total	**20/33**	**61%**	**36/41**	**88%**

Figure 1. Baseline Percentage of Charts with Documentation

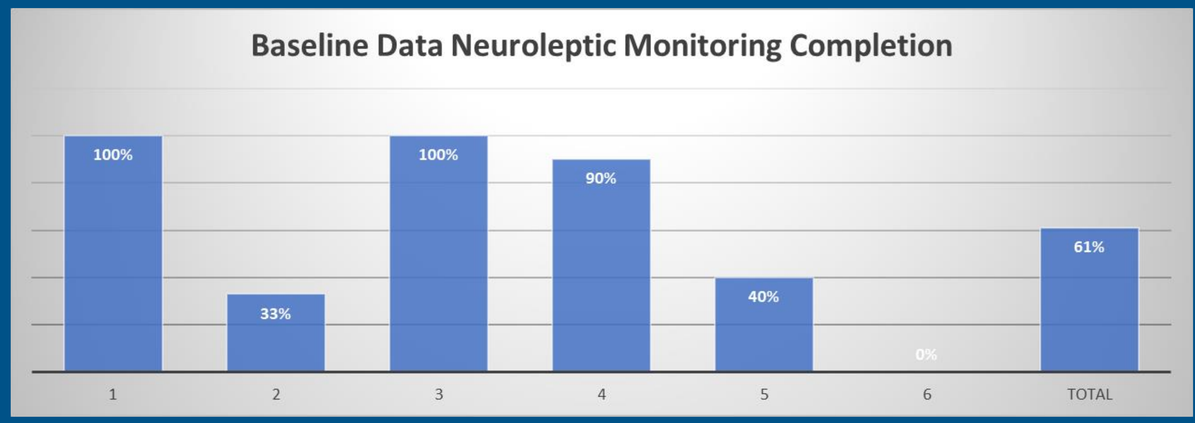
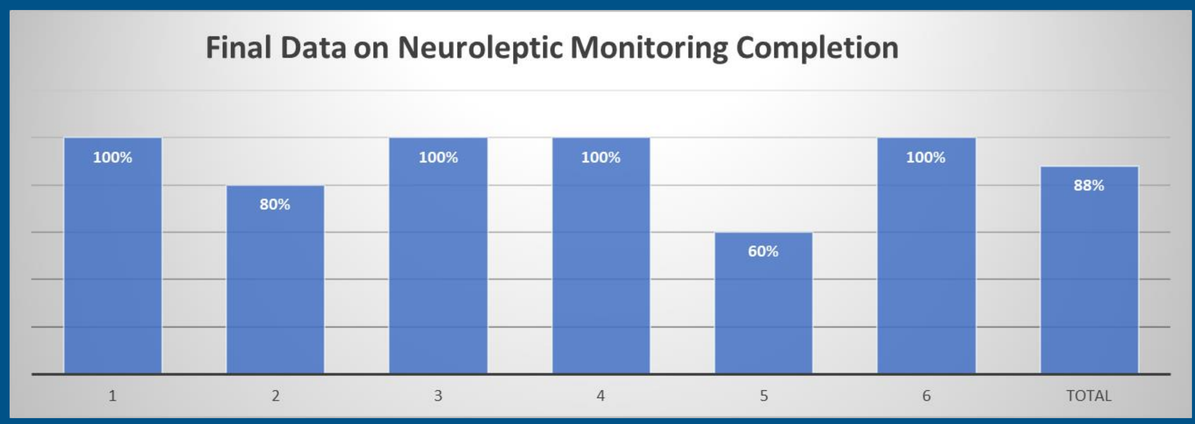


Figure 2. Final Percentage of Charts with Documentation



CONCLUSIONS

When integrated into a busy clinic by way of nursing triage medication review, dyskinesia side effect monitoring questionnaires such as the DISCUS and AIMS can prove to be consistent and efficient, though not perfect, methods of ensuring that we have an increased culture of safety in our department in regards to providing the standard of care for our young patients on neuroleptic medications.

DISCUSSION

Counseling families regarding the dyskinesia side effects of atypical antipsychotics is a core part of our training as Developmental Pediatricians and a frequent topic in return visits, since these medications are often trialed only after multiple failed trials of other classes of medications that carry fewer side effects. Despite the frequent and consistent counseling regarding the risk of neuroleptic drugs, reliable documentation of ALL neuroleptic counseling remains difficult to achieve in a busy clinic setting.

It is difficult to identify where the breakdown of our documentation process occurred, but it relied on a physical questionnaire as a visible reminder to our physicians. It is possible that the paper questionnaire was misplaced while rooming, accidentally held by the patient, or collected with the After Visit Summary.

A consideration for future interventions, might include collaboration with EPIC to facilitate a “hard stop” to prevent physicians from signing notes for patients who are actively taking atypical antipsychotic medications, until the counseling and side effects have been documented.

Contact Information

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