

# Metabolic Screening Rates for Patients on Second Generation Antipsychotic Medications (SGAs) at the Institute of Psychiatry



Categorical Psychiatry Residents (All Years)  
Champions: Chris Austelle & Sarah Russo  
Coach: Ben Kalivas



## BACKGROUND

- Atypical antipsychotic medications are commonly used to treat psychiatric patients in the inpatient and outpatient settings and can increase risk of cardiovascular and metabolic comorbidities.
- While regular metabolic screening can facilitate early intervention and treatment in this population, many patients do not receive recommended monitoring.
- This project proposes interventions to improve implementation of recommended laboratory testing in two crucial settings: 1) upon admission for inpatient psychiatric treatment (when patients are often started or restarted on antipsychotic medication) and 2) during scheduled outpatient follow up.

## CURRENT CONDITION & GOALS

### Inpatient Metabolic Screening

Treatment and screening are coordinated by a multidisciplinary team. Attendings, residents, and pharmacists are the team members who play the largest role in ensuring that patients are receiving the appropriate metabolic screening when prescribed these medications.

### Outpatient Metabolic Screening

It is largely left up to the physicians to stay up to date with metabolic screenings. Visit notes and chart review are the main way psychiatrists remember to stay up to date with screening in clinic.

### Goals

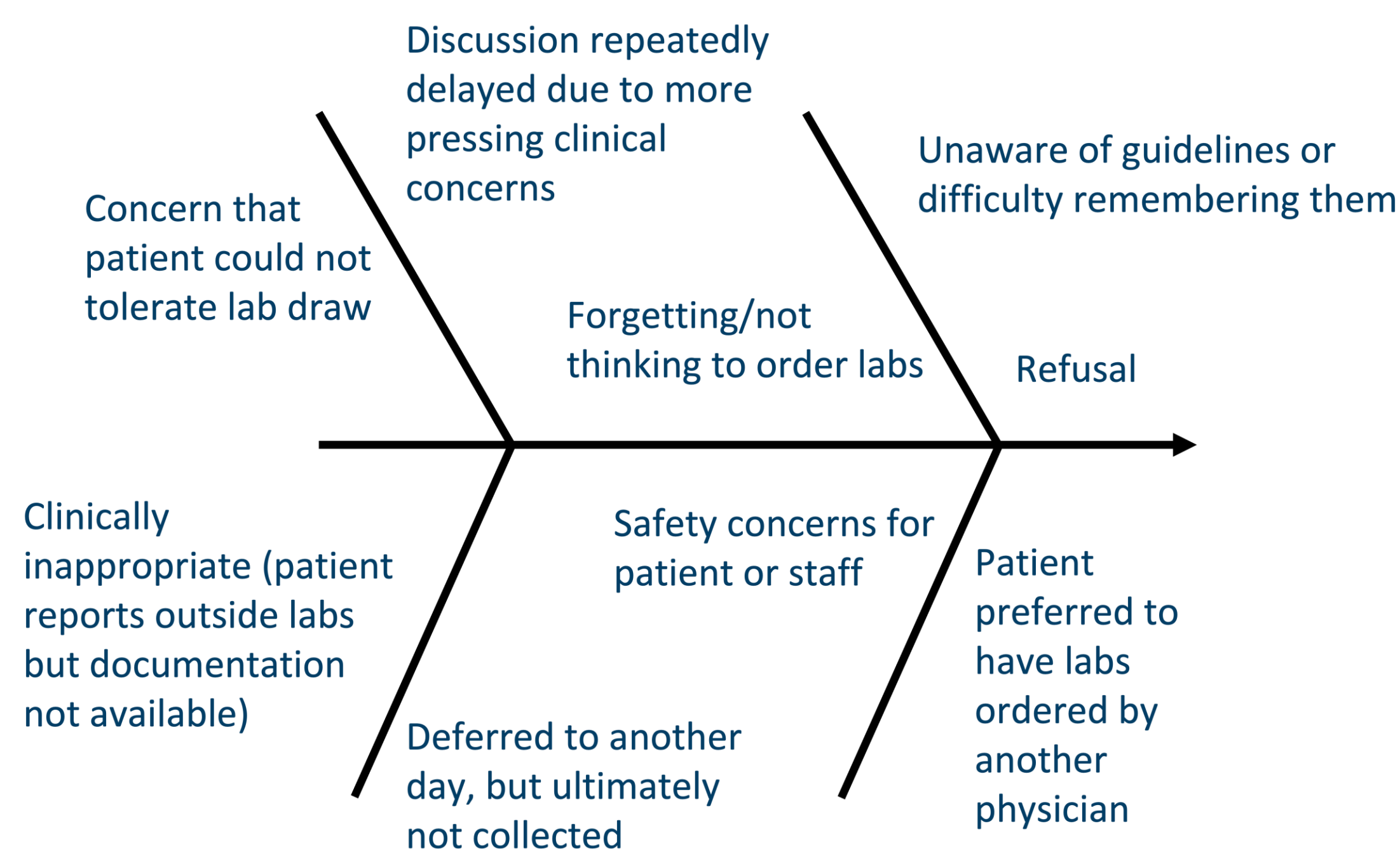
- Increase inpatient metabolic lab collection by 10%
- Increase outpatient metabolic lab collection by 15%

### Focus Metrics:

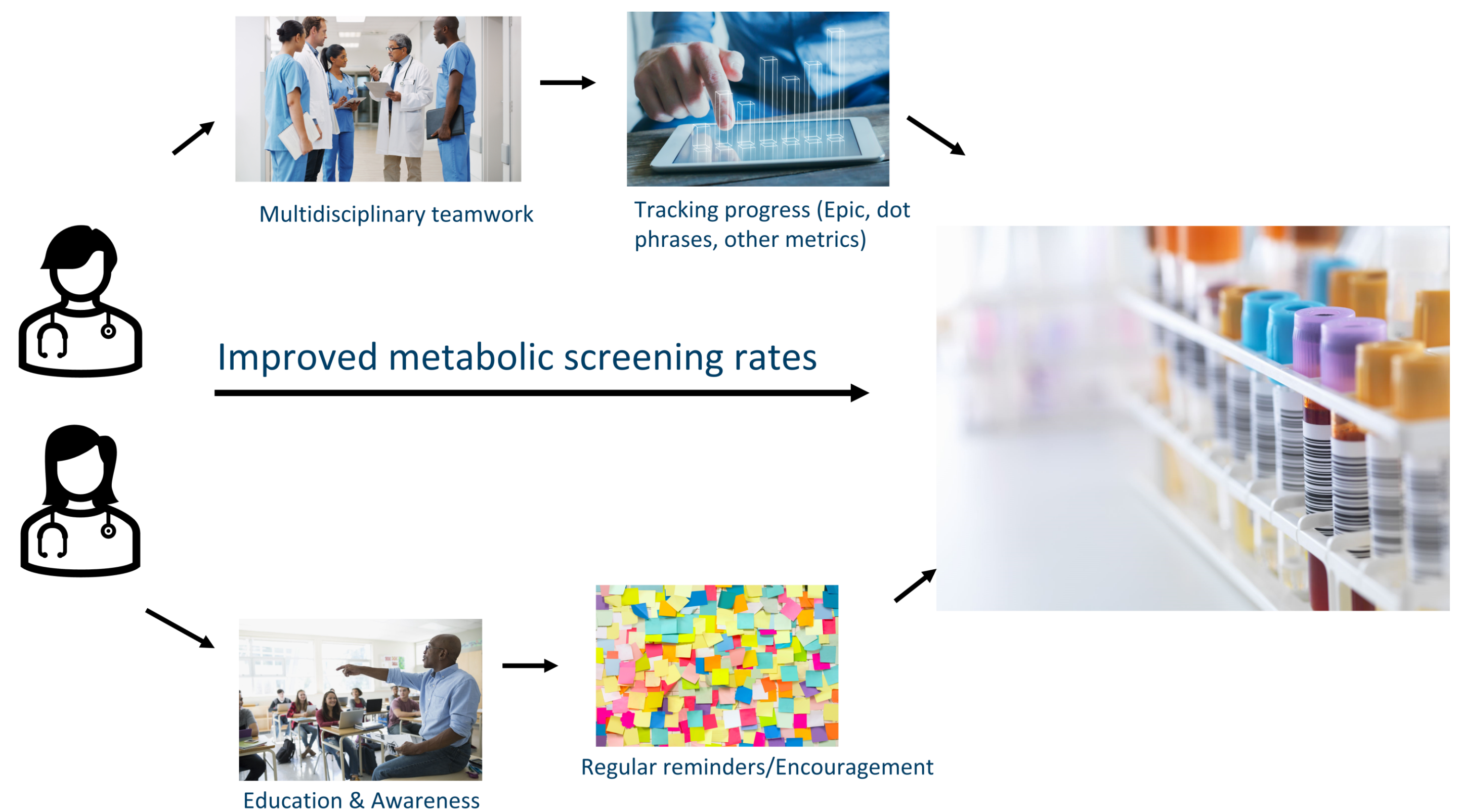
- Metabolic lab screenings ordered for patients on 3 North and Acute Care inpatient units
- Metabolic lab screenings ordered for patients in the 5 South General Adult Psychiatry Clinic

## PROBLEM ANALYSIS

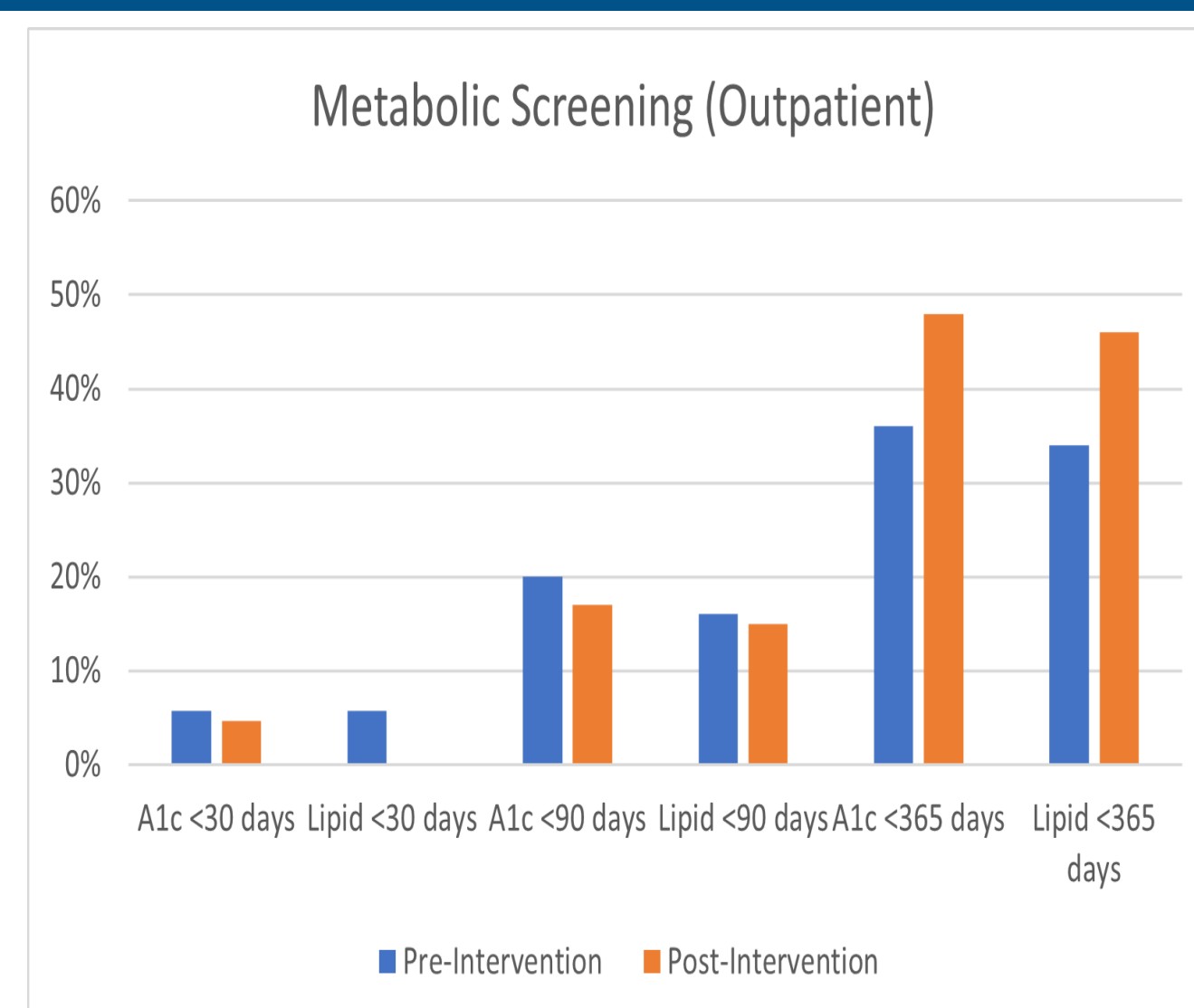
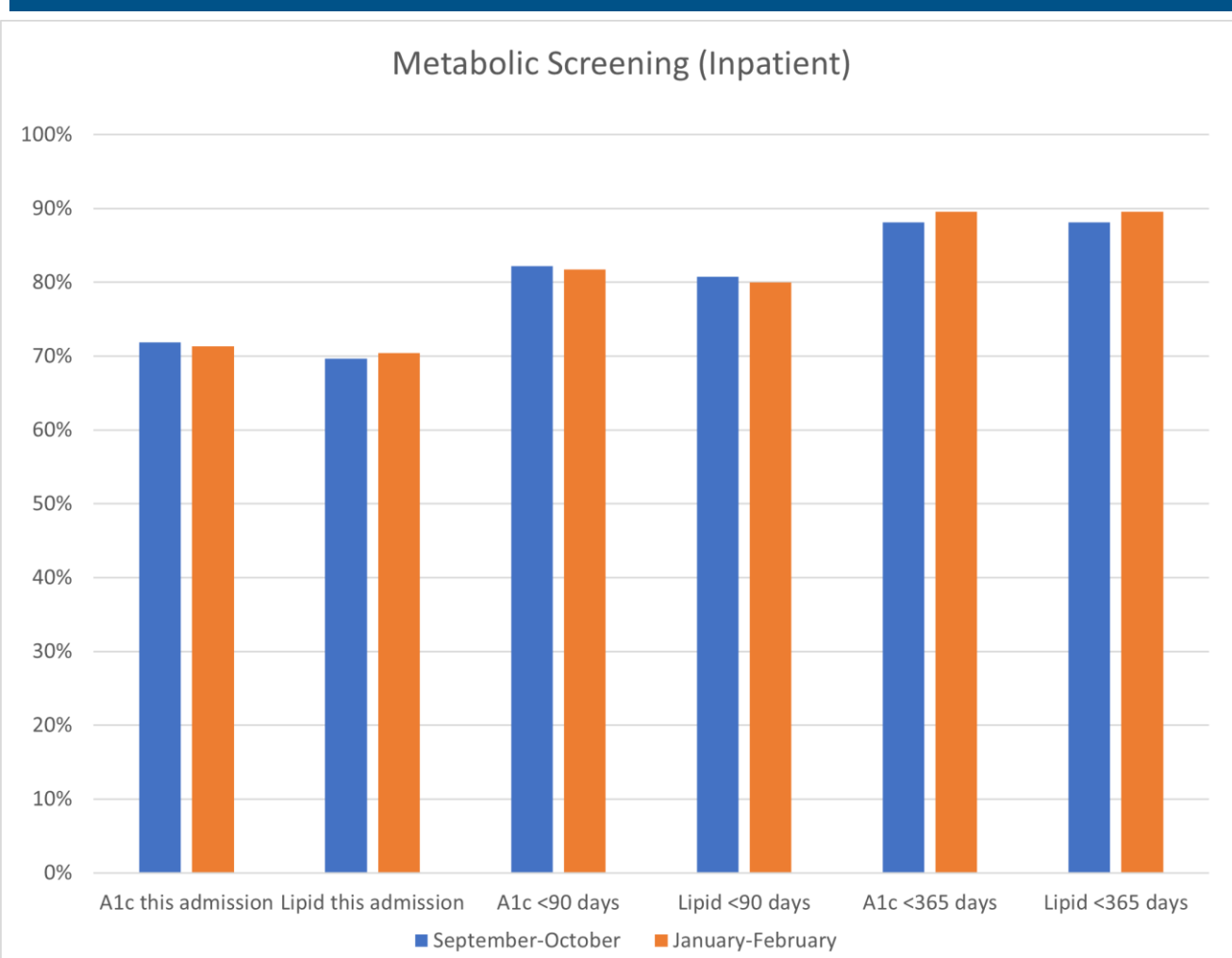
### Why are there delays/gaps in metabolic screening?



## TARGET CONDITION

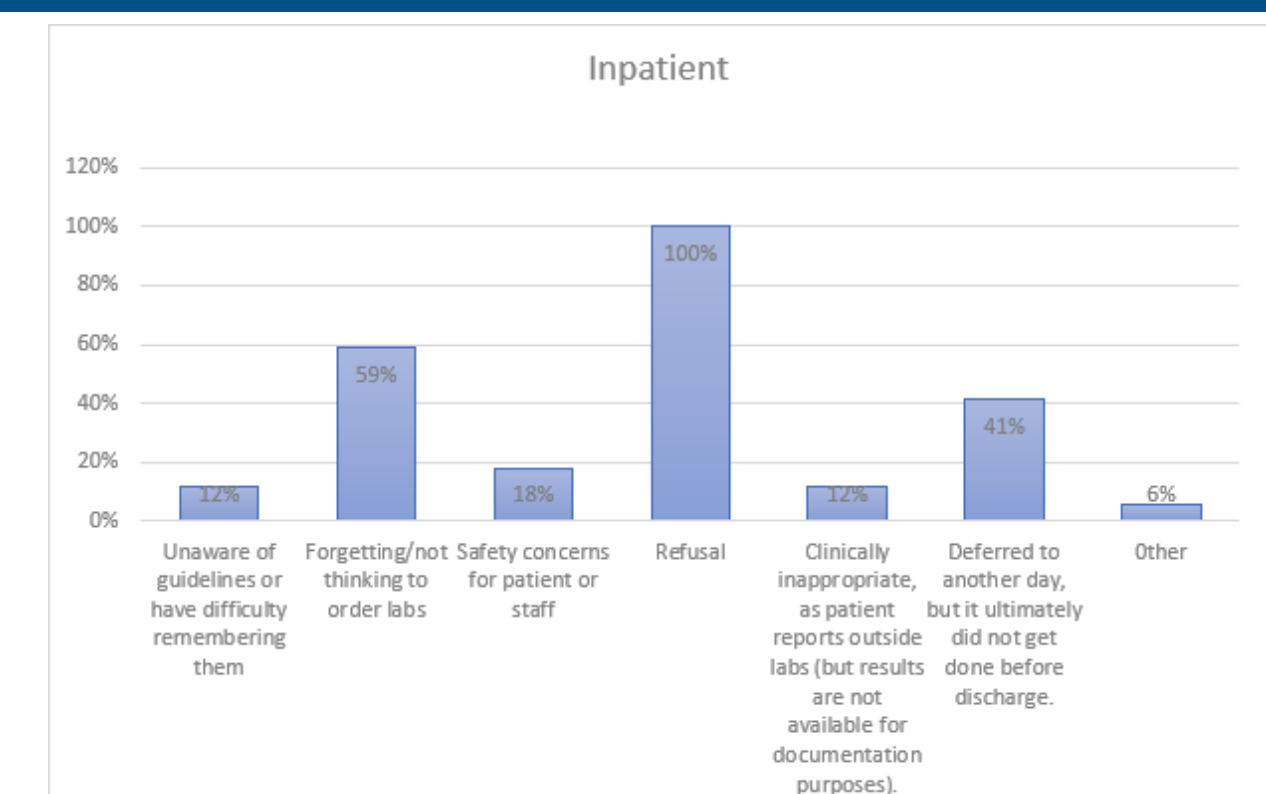
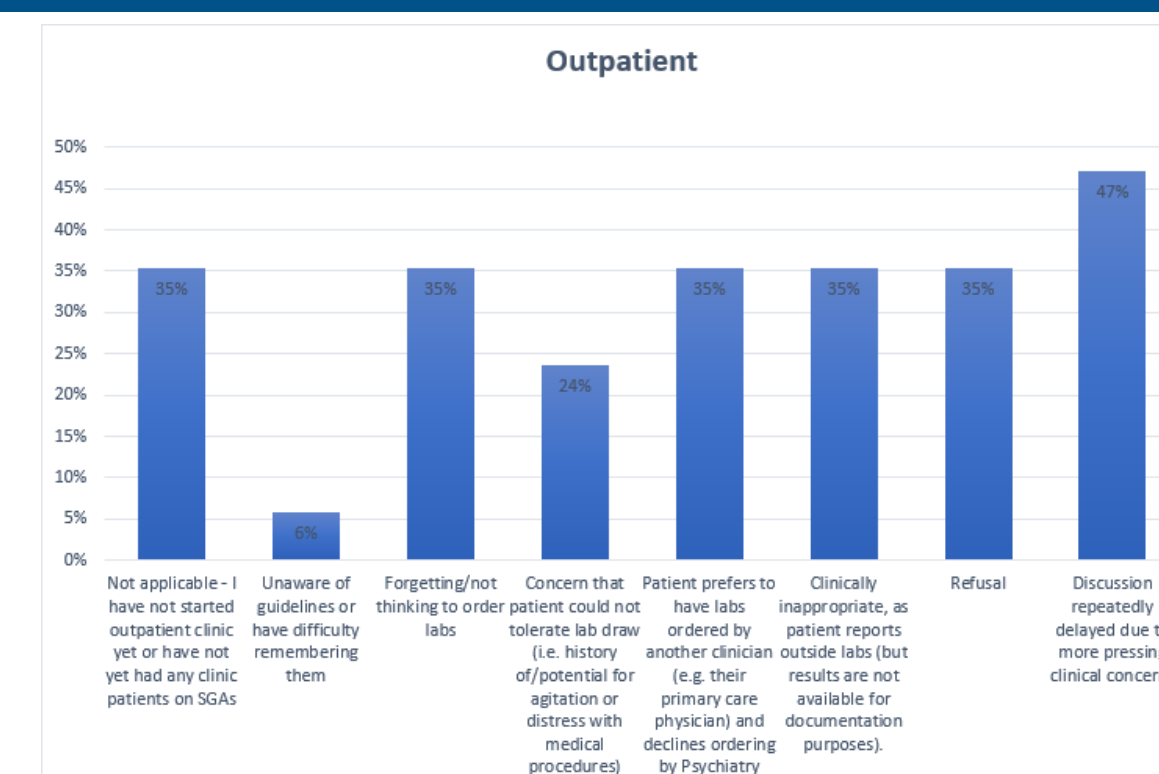


## EVALUATION



- Overall, metabolic screening rates were higher on the inpatient units than the outpatient clinic
- In both groups (inpatient units and outpatient clinic), metabolic screening in the past 365 days improved
- Inpatient metabolic screening rates over the past 90 days did not change
- Outpatient metabolic screening rates over the past 90 days decreased

## BARRIERS



- Residents were surveyed to assess common barriers to collecting metabolic screenings on patients
- There were differences in barriers between the inpatient (right) and outpatient (left) settings

## FUTURE DIRECTIONS

- Continue to develop better tools to assist physicians with monitoring metabolic labs in this population
- Continuing to assess these outcomes over a longer time period (up to 1 year) may reveal further insights into the process and gaps in current care