



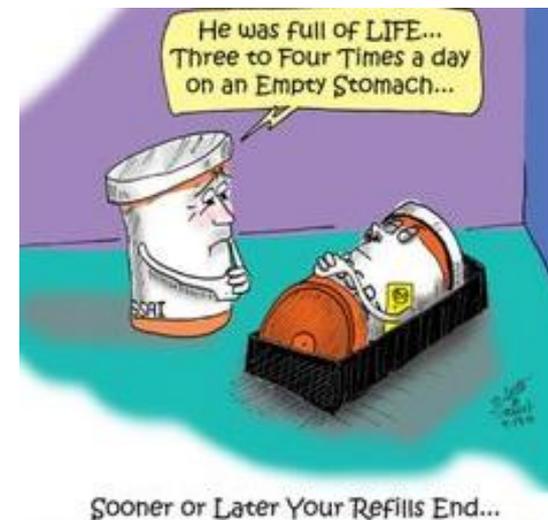
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# INTEGRATIVE MULTIDISCIPLINARY SERVICES- KEY TOWARDS IMPROVEMENT IN MH CARE DELIVERY

**Steven David**  
**Senior Clinical Pharmacist**  
**Mental Health**  
**Bloomfield Campus, Orange**

**& team...**

**Sponsors, mentor/s, CMHT staff, patient**



# TEAM PHOTO



# HOW IT ALL STARTED...



**Outcome from accreditation 2017: "the excellent Pharmacy services in the Hospital should be extended out to the community mental health sites"**

**Patients with psychiatric disorders have shorter lifespans compared to the general population.**

**MH clients are at a high risk of non-compliance to medications and/or adverse drug reactions**



**Metabolic diseases, cardiovascular diseases & other adverse health conditions are common among patients with psychiatric disorders.**

# FACTS

## Medication safety in Mental health, Australian commission on Safety & Quality in Healthcare:

1. **More than 80% of individuals with a psychotic illness endure unpleasant side effects from their medicines**
2. **Cardiovascular risk factors should be routinely monitored in people on antipsychotics. However, monitoring levels are low and there is often failure to follow-up and treat patients.**
3. **Medication reviews for clients in CMHTs support identification and resolution of medication-related problems**

**Clinical Pharmacy interventions are hugely cost effective: with a ratio of cost saving of \$24 returned for every \$1 spent**

### **Mental Health, Drug & Alcohol transformation plan:**

1. “Decrease inpatient care and increase community services”
2. “Increase access to evidence based approaches, multidisciplinary input and peer support”



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"Using worst case scenario as a baseline,  
I consider this data quite encouraging."

# Driver Diagram

## Primary Drivers

## Secondary Drivers

## Change Ideas

## Priority Change Ideas

### The Problem:

Lack of medication management plans for community mental health clients

### SMART Aim:

By January 2019, 100% of all community mental health clients will have a completed medication management plan.

### Outcome Measure:

- % of patients with an accurate medical history
- % of patients who had a documented cardio metabolic screening in the previous 3 months

### Team Members:

- Project Sponsor/s – Richard Cheaney, Jason Crisp
- Quality Advisor: Lauren Herd
- Mentor: Prue Kevans
- Team Leader - Steven David
- Community Mental Health staff Dr. Faisal Yaseen (Psychiatry trainee)
- Mental Health Pharmacists (Bloomfield hospital)
- Community Pharmacists (Hogan's)
- Consumer: Rick

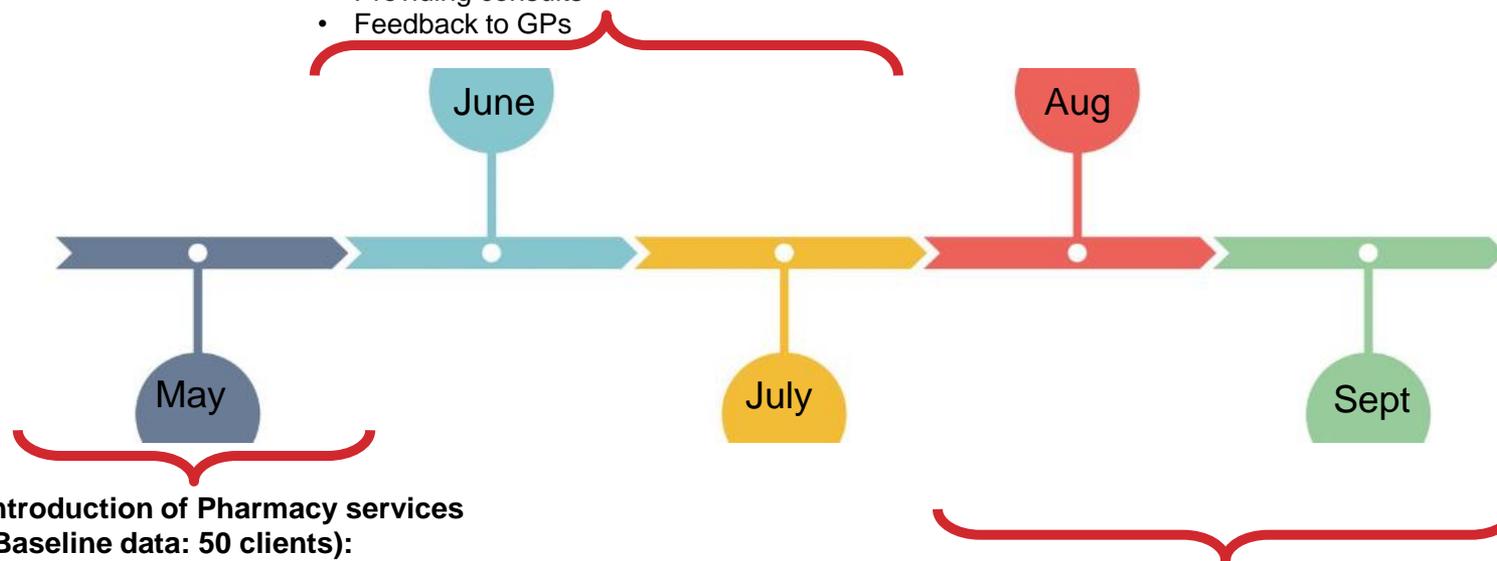




# TIMELINE (2018)

## Intervention period and establishment of process:

- Ongoing training on metabolic diseases/medication reconciliation
- Providing consults
- Feedback to GPs



## Introduction of Pharmacy services (Baseline data: 50 clients):

- Less than 8% of clients had an accurate medication history (minimum of 2 sources used in obtaining a medication history).
- Less than 5% of clients that visited Likemind had a documented cardio metabolic screen in the previous 3 months

## Sustainability measures

- Recruit a Pharmacist for Community Mental Health sites to sustain interventions
- Plans to increase the involvement of GPs in the project
- Ongoing monitoring of metabolic parameters via community services. E.g. community pharmacies.

# EXISTING PROCESS

**No structured method of:**

- **Metabolic monitoring**
- **Medication reviews**
- **Facilitating effective engagement with GPs and other stakeholders**

# NEW PROCESS



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**A clinic nurse on site performs cardio metabolic screens (BP, POC glucose testing, waist, height and weight)**

**Clinical nurse on site initiates the medication reconciliation process (via Pharmacist's training & education)**

**Pharmacist engages with nurse to appropriately document medication history & cardio metabolic review on eMR**

## **Pharmacist referrals:**

- Referrals from Psychiatrists
- Referrals from case managers
- Referrals from clinic nurse (clients on >5 medications/complex medication regimen)

**Pharmacist facilitates ordering of pathology to screen for cardio metabolic diseases (every 3 months according to NSW health guidelines)**

**Pharmacist reviews pathology in the context of their medical history & medications and closes the loop by discussing results with client's GP/Psychiatrist/case manager.**



# RESULTS

## June 2018- July 2018

A total of 79 clients attended Likemind for a review by a Clinician between 1 June 2018 – 31 July 2018

17 clients were referred to the Pharmacist for a medication review

67% of clients had a documented Metabolic screen: 53/79

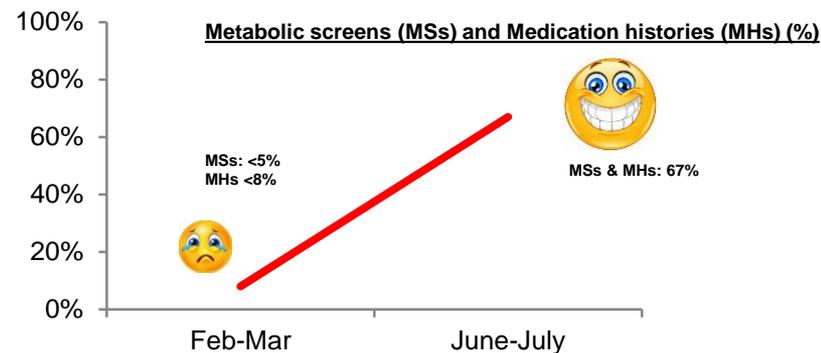
67% of clients had an accurate medication history: 53/79

13 Medication related errors were identified

8 clients were commenced/ had their therapy modified for a diagnosed cardio metabolic disease

9 Clients were provided with NRT education and strategies for smoking cessation

6 events of adverse drug reactions were identified and prevented



# A PATIENT STORY... A LITTLE MORE ABOUT RICK



# GOING FORWARD...

- Support would not have been possible without sponsors- Jason Crisp and Richard Cheney
- Support to increase the funding towards recruiting a Pharmacist at Likemind (Project: 0.2 FTE, 6 months)
- Explore alternative funding options
- Support to extend services to other CMHT sites in the district



# STAFF SATISFACTION SURVEYS



1. Improvement with metabolic monitoring
2. Clients appreciative of Pharmacist's contact and education
3. Positive benefits to clients & case managers have identified clients who have limited contact with their GPs
4. Have a contact point for advice/education
5. I found the support & education beneficial. The Pharmacy service at Likemind is the first introduction Aftercare's new clinicians had experienced, so was appreciative that it was positive.
6. Improved client care and improved client outcomes
7. Improved knowledge regarding client's medications
8. Advise on medication use is readily accessible



**THANK YOU**

