



Improving Medication Adherence for Patients in a Psychiatric Out-Patient Setting

Utilizing an Evidence-Based Protocol: A Quality Improvement Project.

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PROJECT AIM/ PURPOSE

- To facilitate a quality improvement in medication adherence in a psychiatric out-patient center by introducing an evidence-based protocol and education for the mental health practitioners.

BACKGROUND

Problem

- About 50% of patients are estimated to be non-adherent with taking their medications as prescribed (Eliasson et al, 2020).
- Medication non-adherence in psychiatric mental health patients leads to a lower quality of life, shortened lives and higher health care costs.

Background

- The project site is a new out-patient psychiatric care group established in January 2022, which offers a part-time or intensive, out-patient hospitalization program, and a variety of outpatient programs for many mental health needs across the lifespan from children to adults.
- The National Council for Mental Wellbeing has a toolkit of evidence-based practices for health facilities on this topic and emphasizes specialized training of providers in this complex problem (NC, 2021).
- A protocol can be developed with a plan for provider and client psycho-education, to understand its importance, enhance the therapeutic relationship, assessment skills, and learn new tools, and strategies to help clients identify and overcome their individual barriers to medication adherence.

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METHODS

Study of Intervention & Data Collection.

- Pre & Post intervention questionnaire.
- Random chart audits.

Objective 1 Staff Education

- Staff education. A paired t-test (option A) was utilized.
- This will tabulate the pre and post questionnaires' coded data.
- There is an assumption that there will be an improvement in scores

Objective 2 Chart Documentation

- Chart documentation. A Chi Square test was used to measure compliance/non-compliance (option B).
- Gathered from random chart reviews, with two of the three criteria required for compliance.
- The three criteria included
 - 1) Assessment of medication adherence or use of MARS tool,
 - 2) Assessment of barriers, and
 - 3) Patient education: on medications or importance of compliance.

Objective 3 Qualitative Analysis

- Qualitative analysis.
- Focus group survey/ debrief

BIBLIOGRAPHY

Eliasson L., Clifford S., Mulick A., Jackson C., Vrijens B. (2020). How the EMERGE guideline on medication adherence can improve the quality of clinical trials. *Br J Clin Pharmacol.* (4): 687-697. doi: 10.1111/bcp.14240. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098872/>.

NC. (2021).. Organizational toolkit on medication adherence. National Council for Mental Wellbeing. *U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services.* Organization on Medication Adherence - National Council.. <https://www.thenationalcouncil.org/resources/medication-adherence-toolkit-2/>.

RESULTS

Pre and Post Quiz Data

- A Paired Samples T-test was performed to test if there was a significant difference in pre and post scores.
- The p-value of .009 being below the commonly used alpha level of .05, indicates that the difference in pre and post quiz scores is statistically significant.
- As well, the p-value suggests that there is less than a 1% probability that the observed difference in quiz scores occurred by chance alone.

Chi-Square Test

- Five random charts per participant was audited weekly for 3 criteria: Medication Adherence Assessment, Barriers and interventions, and patient education on medication adherence or their personal medications. Charting 2/3 was deemed compliant.
- The chart data was tabulated, analyzed and interpreted using a crosstabulation table and Chi-square Test to see a detailed view of compliance distribution across staff members and weeks to determine if there was a significant statistical pattern in compliance levels.
- The Chi-square test results showed no significant association between the observed data and the expected data.
- The lack of significant Chi-square test results suggested that the difference between the observed data and expected data are likely due to random variation rather the meaningful associations or trends, and one cannot draw definitive conclusions.

CONCLUSIONS

- A significant finding was an increase in knowledge on the subject including the statistics regarding medication adherence, techniques for improving patient rapport (motivational interviewing), assessment methods (MARS tool), and techniques for and overcoming barriers.
- This was seen in the improved post-quiz scores and in the final debriefing survey.

