A QUALITY IMPROVEMENT PROJECT TO IMPROVE MEDICATION ADHERENCE FOR ADULTS IN A PSYCHIATRIC CLINIC SETTING
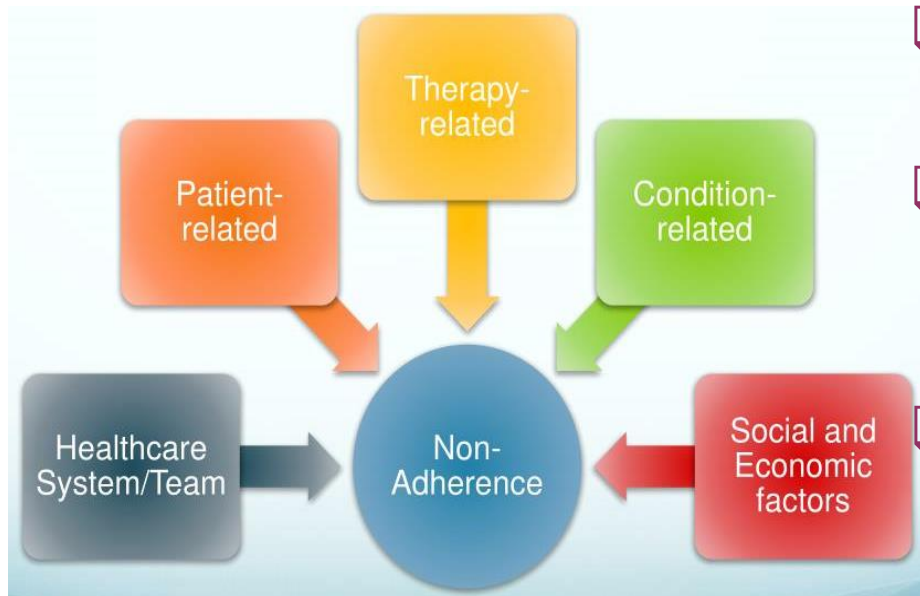
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This project is in partial fulfillment of the degree requirements for the Doctor of Nursing Practice at Touro University Nevada.

PROBLEM

- Non-adherence to medication among adult patients in a psychiatric clinic.
- Lack of access to psychiatric providers and care, leading to poor medication adherence.
- Non-adherence to the treatment lowers effectiveness by about 50 percent (Thakkar et al., 2016).
- A low therapeutic relationship has been associated with a high rate of non-adherence to medications

BACKGROUND

Non-adherence

- Suicide attempts
- Persistent symptoms
- Relapse of psychosis
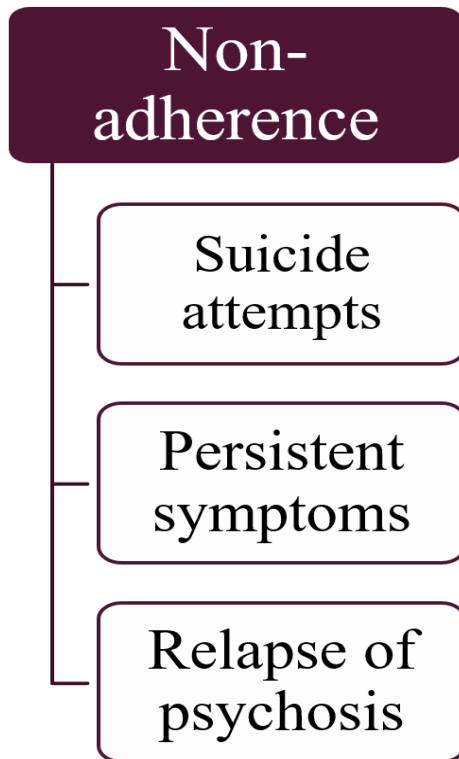
❑ Non-adherence to medication is associated with increased suicide attempts, persistent symptoms, and relapse of psychosis (Thakkar et al., 2016).

❑ African Americans and Hispanic patients represent the largest ethnic groups with consistently poor medication adherence.

   ❑ Additionally, adults who lack family support contribute to medication non-adherence (Thakkar et al., 2016).

❑ Perceptions about medications and illness influence psychiatric medication adherence (Trezona et al., 2017).

   ❑ According to Conn and Ruppar (2017), a therapeutic alliance can increase medication adherence significantly.

BENEFITS OF MEDICATION ADHERENCE

❑ Improving drug adherence is key to treating psychiatric diseases, especially in adults.

❑ Non-adherence to prescriptions can be addressed by offering same-day appointments and walk-in services among other techniques.

❑ This method seeks to build a therapeutic relationship a vital tool in psychiatric clinics.

❑ The therapeutic relationship connects the health care professionals with the patient and family.

Continuous medication adherence

Disease controlled

Better quality of life

PROJECT AIM AND OBJECTIVES (1/2)

Aim

To improve medication adherence in the adult population at a psychiatric clinic setting in Virginia Beach.

Objectives

- ❑ To implement an Organizational Toolkit on Medication Adherence to increase medication compliance among patients.
- ❑ Educate RN, MA, Psychiatrist, and NP about the guidelines for medication adherence utilizing a PowerPoint presentation.
- ❑ Increase provider availability by offering walk-in services on Wednesdays and Thursdays from 2 pm- 4 pm.

Objectives

➢ Show a 7% decrease in patient no shows to appointments by sending out appointment reminders using several different methods such as text messaging, email, and phone calls.

➢ Reminders were sent no more than three times about their appointments.

➢ Show improved medication adherence within four weeks of implementation.

➢ Evaluate medication adherence by using self-reporting questionnaires and reviewing pick-up/refills through the Rocopia medication system, verifying when medications were last filled.

METHODOLOGY (1/2)

Population of Interest

❑ Twelve behavioral/mental health prescribers were trained on adherence guidelines.

❑ Two front desk clerks, two medication assistants, a biller, and a lab technician assisted the mental health providers in completing their duties.

❑ Adult patients ages 18-75 seeking services were the indirect population.

Setting

❑ An outpatient psychiatric clinic in Virginia Beach, VA

❑ This clinic provides medication management, psychosocial and rehabilitative programs, and individual and family counseling to patients aged 18-75.

METHODOLOGY (2/2)

Intervention

❑ **Week 1:** Educate staff on medication adherence and toolkit use to promote patient compliance.

❑ **Weeks 2-4:** Weekly chart reviews and implementation of the evidence-based toolkit

❑ **Week 5:** Assess adherence by reviewing pick up/refills of the patients seen in Weeks 2-4 on the Azzly EHR.

  ❑ The EHR system was used to verify the last time medications were picked up from the pharmacy.

Ethics/Human Subjects Protection

❑ Participation in the project was voluntary, and all participants were informed of the nature of the project and their rights as participants before participating.

❑ Confidentiality was ensured by assigning providers and patient numbers identifiers

RESULTS (1/2)

Week	# Appointment Reminders
2	100
3	130
4	100
5	125
Total	455

Week	# Walk-in Patients	# Walk-in appointments available
2	2	4
3	0	4
4	5	4
5	0	4
Total	7 (44%)	16

The number of walk-in patients reduced over the period as depicted in the tables: Out of the 16 appointments, there were seven patient walk-ins, representing 44%.

RESULTS (2/2)

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Positive Medication Adherence among Patients			
Week	Number of charts audited	Number of patients that received the MARS questionnaire	Number of patients that picked up refills
2	10	10	8 (80%)
3	10	10	10 (100%)
4	10	10	10 (100%)
5	10	10	4 (40%)
Total	40	40 (100%)	32 (80%)

CONCLUSION

❑ The results showed that the intervention led to an 80% increase in medication adherence among adult patients in a psychiatric clinic.

❑ Non-adherence is associated with a greater risk of readmission, increasing patient and provider prescription expenditures, relapse, symptom aggravation, rehospitalization, and death in people with a mental health condition.

❑ The project strengthened the provider-patient therapeutic interaction, addressed non-medical adherence, and provided quality care for all patients.

❑ This work is relevant to addressing the issue of non-adherence to medication among patients, especially those receiving care in outpatient psychiatric clinics.

❑ The site can easily sustain cheap and effective intervention long term.

RECOMMENDATIONS

❑ Current and new psychiatric clinics should apply this project's quality improvement conclusions.

❑ Future sample sizes should include more than 100 people.

❑ Advanced data analysis should be used, such as correlation and regression.

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